

FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

APPLICATION FOR APPOINTMENT

DIRECTOR,  
FEDERAL BUREAU OF INVESTIGATION,  
UNITED STATES DEPARTMENT OF JUSTICE,  
WASHINGTON, D. C.

Columbia, Mo

March 25, 1941

Sir:

I hereby make application for appointment to the position indicated by check mark, in the Federal Bureau of Investigation, United States Department of Justice, and for your use in this connection submit the following information:

Special Agent (Law Trained)	<input checked="" type="checkbox"/>	**
Special Agent (Accountant)	<input type="checkbox"/>	**
Special Employee	<input type="checkbox"/>	**
Stenographer	<input type="checkbox"/>	
Typist	<input type="checkbox"/>	
Translator	<input type="checkbox"/>	
Messenger	<input type="checkbox"/>	**
Laboratory Technician*	<input type="checkbox"/>	**
Student Fingerprint Classifier	<input type="checkbox"/>	

(This application should be typewritten if possible)

(Indicate by check)

1. Name in full (please print) Bland James Field  
(Family name) (Given name) (Middle name)  
(a) Female applicants must furnish maiden name \_\_\_\_\_
2. Legal residence Gower, Missouri Kansas City
3. Mail and telegraphic address 1316 Anthony, Columbia, Mo Phone No. 4835
4. Complete date of birth May 6, 1917 Weight 170 Height 5' 9 1/2" Color White  
(Without Shoes) K C
5. Place of birth Gower, Missouri
6. (a) Father's name W. A. Bland (b) Father's birthplace Gower, Missouri  
Adm for JUM (c) Present address Gower, Missouri
7. (a) Mother's maiden name Linnie Field (b) Mother's birthplace Gower, Missouri  
(c) Present address Gower, Missouri
8. If you were not born in United States, how long have you lived here? \_\_\_\_\_
9. Are you a citizen of the United States? Yes
10. If naturalized, date and place of naturalization \_\_\_\_\_
11. Are you single, married, widowed, separated, or divorced? Single
12. If your husband (or wife) is employed, state where employed \_\_\_\_\_
13. Number of children, if any None
14. Are you entirely dependent on your salary? Am a student at the present time
15. To what extent are you financially indebted to others and to whom? None

\*Specify exact title of position sought as Laboratory Technician.

\*\*Positions of Special Agent (Law Trained), Special Agent (Accountant), Laboratory Technician, Special Employee, and Messenger for male applicants only.

See details on separate description sheets which will be furnished on request.

67-20416-1  
Routed ☒ Recorded ☒  
Searched ☒ Indexed ☒  
Numbered ☒ Filed ☒  
APR 2 1941  
MAR 20 1941  
FEDERAL BUREAU OF INVESTIGATION  
CHIEF CLERK

## 16. Education: (Please print.)

	NAME AND LOCATION OF SCHOOL	FROM—	TO—	COURSES PURSUED, DIPLOMAS OR DEGREES RECEIVED
(a) Elementary	Gower Grade School Gower, Missouri	1923	1931	
(b) High school equivalent	Name Gower High School Address Gower, Missouri	1931	1935	
(c) College or technical *	Name Westminster College Address Fulton, Missouri	1935	1937	
	University of Mo.	1937	1939	A.B. degree
	Columbia, Missouri	1938	1941	L.L.B. degree (At end of this school year)
(d) Foreign Languages Give degree of proficiency as to speaking, reading, writing				
(e) Miscellaneous *				

17. Give names of clubs, societies, and other similar organizations of which you are a member:

Beta Theta Pi--social fraternity : Phi Delta Phi--law fraternity

18. Have you been admitted to the Bar, if so specify. No, intend to take it in June, 1941

19. Describe any physical defects, including extent of defective vision, if any

None, that know of.

20. Health record for the past 3 years (give number of days and nature of serious illness)

In Hospital with broken ribs about 15 days as result of auto accident.

\* Applicants for Laboratory Technician positions should list in detail scientific courses pursued, using an insert if necessary and give title of any Master's or Doctor's Thesis prepared.

25. List the names of any relatives now in the Government service, with the degree of relationship, and where employed:

None

26. What is the lowest entrance salary you will accept? \$3,200

27. Are you in a position to accept probationary employment at any time, without previous notice, and, if notice is required, how much? Yes, after July 15, 1941. Am enrolled in last semester of U. of Mo. law school, planning to take bar exam June,

28. In the event of appointment will you be willing to proceed to Washington, D.C., upon 10 days' notice and at your own expense? Yes, after July 15, 1941

29. If appointed are you willing and prepared to accept assignment or transfer to any part of the United States where services are required, for either temporary or permanent duration? Yes

30. Attach unmounted full face photograph not larger than 3 by 4 inches. Write your name plainly graph to be taken not more than 30 days prior to date of application. (Not be considered complete if such photograph not furnished.)



Respectfully,

*James F. Bland*  
(Signature of applicant as usually written)

NOTE.—If the applicant desires to make any further remarks or statements concerning his qualifications or in answer to any question contained in the application, the same should be made on a separate sheet of paper, numbering the remarks in accordance with the original questions.

NOTE.—The following jurat must be subscribed to by all applicants for positions in the Federal Bureau of Investigation, U.S. Department of Justice.

Subscribed and duly sworn to before me by the above-named applicant, this 25 day of March, 1941, at city (or town) of Columbia, county of Boone, and State (or Territory or District) of Missouri.

[OFFICIAL IMPRESSION SEAL]

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(Signature of official)

(Official title)

Application will not be considered complete if above jurat not executed.

PERSONNEL FILES

21. Experience: (Please print.)

NAME AND ADDRESS OF EMPLOYER	POSITION AND KIND OF WORK	FROM-	TO-	ANNUAL SALARY
Name Address	Have worked summers at odd jobs; but have not worked for any length of time.			
Name Address	Have been in school every winter since I began school in 1923.			
Name <u>W. R. Kirk</u> Address <u>Gower, Mo.</u>	Farm work ✓	Periodically in summers since 1932.		
Name <u>F. J. Wright</u> Address <u>Gower, Mo.</u>	Farm Work ✓	Periodically in summers since 1932.		
Name <u>Lon McKown</u> Address <u>Gower, Mo.</u>	Cafe ✓	Summers of 1937, and 1938		
Name <u>Carl Cummings</u> Address <u>Gower, Mo.</u>	Cafe ✓	Summerx of 1939		
Name <u>Harrison Nelson</u> Address <u>Gower, Mo.</u>	Farm work ✓	Periodically in summers since 1932.		
Name Address				
Name Address				

22. Specify any arrests (include traffic arrests) None

Acq with S.A. Orville R. Talburt, N.Y.C.

22 A. Specify any arrests of immediate family None

23. Have you ever been a defendant in any court action? No

Specify:

24. Give five personal references (not relatives, former employers, fellow employees, or school teachers), more than 30 years of age, who are householders or property owners, business or professional men or women (including your family physician, if you have one) of good standing in the community, and who have known you well during the past 5 or more years. (Please print.)

NAME b6 b7C	RESIDENCE ADDRESS	NUMBER OF YEARS ACQUAINTED	BUSINESS ADDRESS.
<u>[Redacted]</u>	<u>Gower, Missouri</u>	<u>16</u>	<u>Gower High School</u> <u>Gower, Missouri</u>
<u>[Redacted]</u>	<u>Gower, Missouri</u>	<u>20</u>	<u>Gower, Missouri</u> <u>Farmers Bank</u>
<u>[Redacted]</u>	<u>Gower, Missouri</u>	<u>23</u>	<u>Gower, Missouri</u>
<u>[Redacted]</u>	<u>Gower, Missouri</u>	<u>23</u>	<u>Gower, Missouri</u>
<u>[Redacted]</u>	<u>Gower, Missouri</u>	<u>23</u>	<u>Gower, Missouri</u>

24 A. Give residence addresses for past five years.

Gower, Missouri

Beta Theta Pi Fred House, Fulton, Mo.  
1502 Rosemary, back Columbia, Mo.  
809. Rollins,



BLAND, JAMES FIELD  
(SUBJECT)

67-200486

(FILE NO.)

☐ ALL SERIALS, EXCEPT THOSE REMAINING IN FILE AND THOSE LISTED AS CHANGED ON THIS SHEET WERE "SKIPPED" OR WERE REMOVED FROM FILE AND DESTROYED IN ACCORDANCE WITH AUTHORITY CONTAINED IN

☒ FOLLOWING SERIALS WERE REMOVED FROM FILE AND DESTROYED IN ACCORDANCE WITH AUTHORITY CONTAINED IN

66-818-5388

2, 11, 12, 13, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35  
36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 52, 53, 54, 55, 56, 57, 58, 59, 60  
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208, 211, 214, 216, 217, 219, 223, 225, 227, 228, 230, 232, 236, 237, 238, 239, 240, 244  
245, 246, 247, 248, 253, 254, 256, 257, 261, 262, 264, 267, 268, 269, 273, 275, 276, 277, 278  
279

(TAB CARD IN THE NUMBERING UNIT  
INDICATES ACTION TAKEN)

DATE 1-18-77

INITIALS fah

Director  
Federal Bureau of Investigation  
United States Department of Justice  
Washington, D. C.

(Place) Tamiami City, Miran  
(Date) April 4 - 1941

Dear Sir:

Having filed an application for a position as Special Agent in the Federal Bureau of Investigation, United States Department of Justice, I hereby agree that in the event of an appointment I will be governed by the following conditions:

1. Upon appointment and within ten days after receipt thereof, I shall be required to proceed at my own expense to Washington, D. C., where I will take the oath of office and enter on duty.
2. That said appointment will be on a probationary basis.
3. That my retention in the Bureau shall be dependent upon the performance of satisfactory services, and if my services are deemed unsatisfactory it is understood that my employment may be discontinued at any time and that I will not receive transportation to my home, or to any other point, at Government expense.
4. That if appointed I may be sent to any part of the continental or territorial United States that the exigencies of the Bureau's work may require; that my headquarters may be fixed in some jurisdiction other than that in which I have heretofore resided; that my headquarters may be changed as the work of the Bureau may require; and that no transfer will be made from one station to another for personal reasons.
5. That the confidential character of the relations of the employees of the Federal Bureau of Investigation with the public is fully understood by me, and that the strictly confidential character of any and all information secured by me, in connection directly or indirectly with my work as a Special Agent, or the work of other employees of which I may become cognizant, is fully understood by me, and that neither during my tenure of service with the Federal Bureau of Investigation nor at any other time will I violate this confidence, and I agree that I will not divulge any information of any kind or character whatsoever that may become known to me, to persons not officially entitled thereto.

I further agree that nothing connected with this certification is to be construed by me as an assurance that an appointment will be tendered me; that I fully understand all of the foregoing and that the conditions specified herein are agreeable to me; that if appointed I will abide by the foregoing conditions, and I am fully cognizant that the provisions mentioned above are to be complied with and they are to be regarded as a part of my appointment if it is subsequently tendered to me and accepted.

Subscribed and sworn to before me this

Very truly yours,

4<sup>th</sup> day of April, A.D. 1941

*James Field Bland*

[Signature]  
Notary Public  
Commission Expires February 3, 1942

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CC-74



PHYSICAL EXAM.

JAMES FIELD BLAND

APR 25 1941

RECORDED

67-200486-4	
Routed...	Recorded...
Searched...	Checked...
Numbered...	Filed...
APR 11 1941	
FEDERAL BUREAU OF INVESTIGATION	

DEF. CLK.  
WR 01111

## UNITED STATES CIVIL SERVICE COMMISSION

## CERTIFICATE OF MEDICAL EXAMINATION

(Authorized by Executive Order of September 4, 1924)

APPLICANT MUST FILL IN DOTTED LINES BELOW TO HEAVY LINE

James Field (Name)  
1316 Anthony - Columbia Mo (Post-office address)  
Male (Sex)  
May 6 - 1917 (Date of birth)  
Special Agents Exam. (lawyer trained) (Title of examination taken)  
F. B. I. (Department and bureau in which you are to be employed)  
Unknown (City or town in which you are to be employed)

ROLLED PRINT, right forefinger

(Print must be taken to identify person examined. Indelible or stamp pad should be used)



1. Have you any physical defect or disease or disability whatsoever? No  
2. If answer is "yes" give details \_\_\_\_\_

## PHYSICIAN SHOULD FILL IN THE FOLLOWING

68 inches. \* 174 pounds. 166 pounds. { Males, with and without clothing; females, clothed, but without wrap or hat.  
(Height, without shoes) (Weight, in clothing) (Weight, without clothing)

\*To be taken for males only upon special written request of the official ordering examination.

Items checked (✓) were examined and found normal. Deviations from normal are noted. (See instructions on reverse side, numbered to correspond, with items below.)

1. Eyes: Distant vision: Without glasses: Right:  $\frac{20}{20}$  Left:  $\frac{20}{20}$  With glasses if worn: Right:  $\frac{20}{20}$  Left:  $\frac{20}{20}$   
Near vision: Jaeger No 1

What is the longest and the shortest distance at which the following specimens of Jaeger No. 1 and Jaeger No. 2 can be read by the applicant? If No. 1 is read with ease, No. 2 need not be given. Test each eye separately.

With the view of promoting health and efficiency and of minimizing accidents among Federal employees, the heads of the several executive departments and independent establishments having a medical personnel are directed to make such physical examination of applicants for (Jaeger No. 1)

and employees in the Federal classified service as may be requested by the Civil Service Commission or its authorized representative.

This order will supplement the Executive orders of May 29 and June 18, 1923 (Executive order, September 4, 1924).

(Jaeger No. 2)

Without glasses:

R. 4 in. to 26 in.  
L. 4 in. to 25 in.

With glasses, if used:

R. 4 in. to 28 in.  
L. 4 in. to 26 in.

Without glasses:

R. \_\_\_\_\_ in. to \_\_\_\_\_ in.  
L. \_\_\_\_\_ in. to \_\_\_\_\_ in.

With glasses, if used:

R. \_\_\_\_\_ in. to \_\_\_\_\_ in.  
L. \_\_\_\_\_ in. to \_\_\_\_\_ in.Evidence of disease or injury: Right None Left NoneColor vision NormalMethod of testing color vision Standard

2. Ears: (Consider denominators indicated here as normal. Record as numerators the actual distance heard.) Ordinary conversation: Right ear— $\frac{20}{20}$  ft. Left ear— $\frac{20}{20}$  ft. Evidence of disease or injury: Right ear No Left ear No
3. Nose, sinus disease, etc. Normal
4. Mouth and throat Normal
5. Gastro-intestinal Normal
6. Thyroid (especially in women) Normal
7. Heart and blood vessels Normal  
Is organic heart disease present? No If organic heart disease is present, is it fully compensated? \_\_\_\_\_
8. Lungs: Right Normal Left Normal  
History of tuberculosis? No If so, has the disease been arrested for at least 1 year? \_\_\_\_\_
9. Hernia No  
(If present, name variety: Inguinal, ventral, femoral, etc.; read definition on reverse before answering)
- If present, is it supported by a well-fitting truss? \_\_\_\_\_
10. Varicose veins No (If present, state location and degree)
- Varicocele (see note 10 on reverse side) No
11. Feet: Is flat foot present? No Degree of impairment of function \_\_\_\_\_
12. Deformities, atrophies, and other abnormalities, diseases, or defects not included above (None, slight, moderate, severe) None
13. Scars of serious injury or disease R. L. Q. scar. Ruptured appendix - age 2 yrs.
14. Nervous system (see note 14 on reverse side) Normal
15. (a) Urinalysis (see reverse side) Normal (b) Venereal disease None
16. Obtain from applicant statement of disabilities, past and present, give diagnosis and your comments under appropriate heading above or under "Remarks" on back of this sheet.
17. Does Veterans Administration recognize service-connected disability in this case? \_\_\_\_\_ If "yes," cover in your comments.

This certificate is to be returned to the official of the U. S. Civil Service Commission requesting the examination

[OVER]

The aim of the Executive order of September 4, 1924, under which this examination is made, is to obtain information as to the physical condition of appointees to the classified civil service with a view to promoting efficiency and minimizing accidents and claims under United States employees' compensation laws.

### Notes for Examining Physician

**WEIGHT.**—Males, without clothing, and also in ordinary clothing without overcoat or hat (weigh twice); females, clothed, but without wrap or hat. If overweight, state whether due to bone and muscle or to fat.

**HEIGHT.**—Without boots or shoes; observe that no appliances are used to increase.  
The examination should include the following observations:

1. **Eyes.**—Ptosis; discharge; corneal scar; pterygium. In recording distant vision consider 20 feet as normal and report all vision as a fraction with 20 feet as numerator and the smallest type read at 20 feet as denominator. If glasses are used, record for each eye the finding with and without glasses. Near vision must be reported. In testing vision without glasses the applicant or appointee should be instructed to remove the glasses at least one-half hour before testing uncorrected vision.

2. **Ears.**—Evidence of middle ear or mastoid disease; condition of drums; discharge. In recording hearing, record 20 feet as normal distance for conversational voice and record deviation from normal as fraction with 20 as denominator and actual distance as numerator.

3. **Nose.**—Ability to blow through each nostril. If free, a speculum examination would not be indicated.

4. **Mouth and throat.**—Missing teeth, pyorrhea; tonsils, hypertrophy or disease.

5. **Gastro-intestinal.**—Ulcers, inflammations, etc.

6. **Thyroid.**—Presence of tumor in neck and tremor, exophthalmos; nervous high-strung disposition, especially in women.

7. **Heart.**—Murmurs. State whether functional or organic. If valvular disease exists, state whether or not it is fully compensated. Arteriosclerosis.

8. **Lungs.**—It is necessary that the auscultatory cough be used. If tuberculosis is present, state whether active or arrested; if arrested, state your opinion as to how long it has been quiescent. Sputum to be examined for tubercle bacilli in all suspected cases.

9. **Hernia.**—Give details as to size, location, etc., and whether well-fitting truss is worn. Inguinal hernia exists when ring is enlarged and on coughing visceral impulse is felt which follows the finger on withdrawal.

10. **Varicocele.**—If varicocele is present, state approximate size—e. g., size of walnut, lemon, etc.

11. **Flat foot** of such a nature as to incapacitate or become aggravated by work or be alleged later to have been caused by accident or occupation. By "flat foot," as used in this form, is meant a weak foot with impaired function, the term being equivalent to "fallen or misplaced arch," an abnormal condition. Impairment of function is the point to be noted. An anatomically flat foot, but strong, is not disqualifying.

12 and 13. **Scars, deformities, atrophies, and paralyses** should be noted, but it is not important that small insignificant scars or blemishes which might be referred to as marks of identification be recorded.

14. This entry should include symptoms and full history of any mental or nervous abnormality.

15. **Urinalysis** to be made in case of persons over 40, and in all cases where arteriosclerosis, nephritis, or diabetes is suspected.

Record of urinalysis, if made: Sp. gr. \_\_\_\_\_ Albumen \_\_\_\_\_ Sugar \_\_\_\_\_ Casts \_\_\_\_\_

Blood pressure: Mm. Hg. systolic \_\_\_\_\_ Mm. Hg. diastolic \_\_\_\_\_

If tachycardia is present, give pulse rate: Sitting \_\_\_\_\_ Immediately after exercise \_\_\_\_\_ Two minutes after exercise \_\_\_\_\_ Cardiac reserve \_\_\_\_\_  
(Good, fair, or poor)

I have found this applicant abnormal under the following headings: \_\_\_\_\_

In my opinion, applicant is capable of performing duties involving \_\_\_\_\_ physical exertion.

REMARKS: \_\_\_\_\_  
None

(Signature of applicant) *James Field Bland*

(This space to be filled in as a matter of identification, by the applicant in own hand)

*Columbus, Mo.*  
(Place of examination)  
*April 7, 1941*  
(Date of examination)

The examining physician must be in the Federal service

\_\_\_\_\_, M. D.  
(Title, and branch of Federal medical service)  
Full time? \_\_\_\_\_ Part time? \_\_\_\_\_ Fee paid? \_\_\_\_\_

The personnel officer should fill in the blanks below before sending this form to the Commission for action

To be appointed in \_\_\_\_\_ (Department) \_\_\_\_\_ (Bureau)

Title of position \_\_\_\_\_

Type of appointment (check): ☐ Original appointment ☐ Transfer ☐ Reinstatement ☐ Classification

Number of certificate upon which applicant's name appears (to be given in case of original appointment) \_\_\_\_\_

TELETYPE

Mr. A. A. Tam-  
 Mr. C. J. ...  
 Mr. F. W. ...  
 Mr. G. A. ...  
 Mr. L. ...  
 Mr. N. ...  
 Mr. O. ...  
 Mr. P. ...  
 Mr. Q. ...  
 Mr. R. ...  
 Mr. S. ...  
 Mr. T. ...  
 Mr. U. ...  
 Mr. V. ...

FBI NYC

4-26-41

4-50 PM

TJH

DIRECTOR

JAMES FIELD BLAND SA APPLICNANT . SPECIAL AGNE ORVILLE R TALDRXXXX

TALBURTT NY ADVISES HE MAY HAVE MET APPLICANT IN COLUMBIA MO

... AT ONE

TIME, BUT DOES NO REMBER HIM, AND CAN GIVE NO RECOMMENDATION.

TALBURTT, ADVISES HE ONCE MET SEVERAL MEN AT EIGHT NAUGHT NINE ROLLINS STREET COLUMBIA ON ONE OCCASION AND THAT APPLICANT MAY HAVE BEEN ONE OF THOSE HE MET. HE ADVISES IT IS QUIETE ~~THXX~~ POSSIBLE THAT HE MAY HAVE MET APPLICANT, BUT DOES NOT REMEMBER HIM.

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ACK AND HOLD

OK FBI WASH DC TB

54 MAY 16 '47  
RECORDED

67-1-5  
 Filed. . . . . Recorded  
 . . . . . Checked.  
 . . . . .  
 APR 29 1941  
 FBI BUREAU OF INVESTIGATION

**CONFIDENTIAL**

# FEDERAL BUREAU OF INVESTIGATION

Form No. 1

THIS CASE ORIGINATED AT **BUREAU**

FILE NO. **67-2348**

REPORT MADE AT <b>KANSAS CITY, MISSOURI</b>	DATE WHEN MADE <b>5/3/41</b>	PERIOD FOR WHICH MADE <b>4/25, 26, 5/2/41</b>	REPORT MADE BY <b>A. J. DICKINSON</b>
TITLE <b>JAMES FIELD BLAND</b>			CHARACTER OF CASE <b>APPLICANT - SPECIAL AGENT</b>

**SYNOPSIS OF FACTS:** School records show **JAMES FIELD BLAND** was born May 6, 1917; entered Gower, Missouri High School August, 1931, complete general high school course, and graduated May, 1935. Attended Westminster College from September, 1935, to June, 1937. Transferred to University of Missouri, School of Arts and Sciences, September, 1937, and graduated with an A.B. Degree June, 1939. Admitted to University of Missouri, School of Law, September, 1938, and is due to graduate with an LL.B. Degree in June, 1941. Grades above average, good attendance record, and no disciplinary action taken against him. Failed Law-Mortgages. Moderate in use of alcoholics. Neighbors, references, former employers, and school instructors state he is a loyal, industrious, and conscientious American citizen and enjoys a good reputation. Good family background. No credit or arrest record at Gower, Columbia, or Fulton, Missouri. References state Applicant born at Gower, Missouri.

- RUC -

**REFERENCE:** Letter from the Bureau to the Kansas City Field Division dated April 21, 1941 (67-200486).  
Teletype from the Bureau to Kansas City Field Division dated April 25, 1941.

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**DETAILS:** At Gower, Missouri

[Redacted] Gower High School, produced the school records of **JAMES FIELD BLAND** which showed that he was born May 6, 1917, place not listed. Entered Gower

*Dwight Brantley*

APPROVED AND FORWARDED:  <i>[Signature]</i>	SPECIAL AGENT IN CHARGE  <i>[Signature]</i>	DO NOT WRITE IN THESE SPACES	
COPIES OF THIS REPORT  2 - Bureau 2 - Kansas City		67-2348-6	100-11

High School in August, 1931, completed a general high school course, and graduated in May, 1935. These records further reflected that his grades were considerably above the average, his attendance good, and that no disciplinary action had been taken against him. [ ] informed that BLAND had been one of the most outstanding students to graduate from Gower High School in many years. While attaining a high scholastic average, BLAND, according to [ ] excelled in football, basket ball, and track and took part in several school plays. [ ] further advised that BLAND was honest and industrious, had an excellent family background, and was well liked by all who knew him.

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[ ] at Gower High School, when interviewed, informed that BLAND was a clean-cut youth, had been a star athlete in football, basket ball, and track, and had lived a clean life. He added that members of athletic teams on which BLAND participated looked up to him as a leader. He informed that JAMES BLAND would make this Bureau an excellent employee.

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[ ] of the Farmers Bank, who was listed as a reference by the Applicant, stated that he has known the BLAND family for over twenty years; that they are among the most highly respected people in the community; that JAMES BLAND has the reputation of being one of the outstanding young men in the town. He informed that, although JAMES BLAND had no financial dealings with the bank, his family had done its banking there for a considerable number of years and that their credit was perfectly sound and they were reliable in every way. He also advised that he had watched the Applicant develop over a number of years; that he had seen no finer young man ever produced in Gower.

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[ ] and [ ], both listed as references, informed that they have lived in Gower all of their lives; that the BLAND family is one of the most stable and highly respected families in the community; that both Mr. and Mrs. BLAND were born in Gower and had lived there all of their lives; that Mr. BLAND is at present employed as the head cattle salesman for the Farmers Union Livestock Commission Company, St. Joseph, Missouri. They advised that JAMES BLAND possessed an excellent character and reputation, had high morals, and was a loyal American citizen; that he also possessed a pleasing personality and was liked by every one in the community. According to them, he would make a most excellent employee. They stated Applicant born at Gower, Missouri.

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[ ] and [ ] an [ ] [ ], who were also listed as references, informed that BLAND was a highly intelligent young man, was honest, industrious and conscientious and possessed no foreign sympathies; that the BLAND family was well established in Gower; that there were no finer people who lived there. They stated that they would unhesitatingly recommend him for any job for which he applied as they felt sure he possessed the necessary qualifications.

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Interview was had with [ ] and [ ], both of whom had previously employed BLAND in the [ ], formerly owned by [ ] and presently owned by [ ]. They informed that BLAND was employed there during the summer of 1937 and had also worked in the capacity of an extra employee in the summer of 1940; that he received his compensation, approximately \$40.00 a month, and that his services were satisfactory in every respect. They further advised that he was honest, reliable and dependable and got along well with his fellow employees and the customers.

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[ ] living in the vicinity of Gower, stated they had employed BLAND at various times since 1932 during the summers to help on their respective farms. All of them said that, as compensation, he received approximately \$2.00 a day, and that he was a most capable, reliable, and dependable employee. They informed that he was honest and, as far as they knew, possessed no bad habits.

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Mrs. [ ] Gower, Missouri, stated she had lived near the BLAND family for about twenty-five years; that they were excellent neighbors, well liked by all who knew them, and good, wholesome, American citizens; that JAMES BLAND himself was a very intelligent young fellow and was considered to be among the outstanding young men Gower had produced.

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[ ] informed that the Applicant had never been in any difficulty with the law.

#### At Plattsburg, Missouri

[ ] of the Clinton County, Missouri Draft Board, located at the Clinton County Court House, produced the Selective Service file of JAMES FIELD BLAND. This showed that the Applicant's Order number is 1214 and his Serial number is 1072. His questionnaire has not yet been mailed to him and, therefore, he is not classified.

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[ ] advised that BLAND probably would not be called to Service until the early part of 1942.

Deputy Sheriff [ ] Clinton County, Missouri, informed that there was no arrest record on the Applicant at the County Court House.

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#### At Fulton, Missouri.

Miss [ ] to the [ ], Westminster College, produced the school records of JAMES FIELD BLAND which showed that he attended Westminster College from September, 1935, to June, 1937, at which time he transferred to the University of Missouri. These records further reflected that the Applicant's grades were considerably above the average, his attendance good, and that no disciplinary action had

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been taken against him. The Applicant's birthdate was the same as listed above, but there was no record of where he was born.

[redacted] Westminster College, stated that BLAND had been an outstanding student while enrolled at Westminster College, was well liked by the student body and faculty and had appeared to be a young man of excellent family background and high morals. He stated that BLAND had been a member of Beta Theta Pi, social fraternity, and was also the recipient of a Westminster College honor scholarship which, he explained, was given only to those who graduated in the upper tenth of their high school classes. He valued these scholarships at approximately \$70.00 a year.

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[redacted] at Westminster College, stated that he was well acquainted with the Applicant and knew him to be an individual of high character and morals and an excellent student. He informed that the Applicant's parents, Mr. and Mrs. W. A. BLAND, had frequently visited in Fulton and appeared to be of the very highest type. According to [redacted], BLAND would make the Bureau a satisfactory employee.

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There was no credit record of the Applicant at the Fulton Credit Bureau; nor was there an arrest record on him at the Fulton Police Department.

#### At Columbia, Missouri

[redacted] University of Missouri, produced the University records on JAMES FIELD BLAND. These records showed that he was admitted to the University of Missouri, School of Arts and Sciences, September, 1937, as a transfer student from Westminster College and graduated with an A. B. Degree in June, 1939; that he entered the University of Missouri, School of Law, September, 1938, and is due to graduate with an LL.B. Degree in June, 1941. According to these records, BLAND'S grades were considerably above the average in the School of Arts and Sciences and were slightly above the average in the School of Law. He was listed as having failed Law-Mortgages. His attendance was good and there was no disciplinary action taken against him.

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[redacted] University of Missouri, after consulting [redacted], advised that the Applicant was an active member of Phi Delta Phi, legal fraternity, and an inactive member of Beta Theta Pi, social fraternity. She explained that he had been a member of the latter fraternity at Westminster College and that it was not the custom at the University of Missouri for social fraternities to affiliate transfer students.

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[redacted] University of Missouri, School of Law, upon inter-

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view, stated that BLAND was fairly aggressive and self-reliant and had made grades in Law School slightly above the average. He informed that the Applicant was honest, industrious, and possessed an excellent reputation. According to [REDACTED], BLAND would make a suitable employee for the Bureau.

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Professor [REDACTED], University of Missouri, School of Law, said the Applicant had been a pupil of his and appeared to be an upstanding American citizen with no foreign inclinations. He further advised that he considered the Applicant an average student; that he had not appeared to be particularly aggressive in class, but that otherwise his work was more than satisfactory.

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[REDACTED] advised that she formerly resided at [REDACTED], at which place Applicant lived from January, 1938, until June, 1939. She stated that Applicant appeared to be a young man of excellent character and morals and that he was one of the most studious boys in the University of Missouri. She further informed that he was well-behaved and was liked by his associates.

[REDACTED] in Columbia, advised that the Applicant had resided in his apartment house at the above address since September, 1939; that he was a boy of high morals and good character, kept up with his studies, and was well-behaved in every way. He further informed that BLAND'S parents had frequently visited him and appeared to be people of the very highest type. He stated he would unquestionably recommend BLAND for any position for which he applied.

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[REDACTED] informed that he and BLAND had been classmates in the Law School and that the Applicant was well liked and was looked upon by his associates as being an average student. He stated that BLAND was well rounded socially and was moderate in the use of alcoholics.

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There was no credit record on the Applicant at the Columbia Credit Bureau; nor was there an arrest record on him at the Columbia Police Department.

At Jefferson City, Missouri

[REDACTED] of the Missouri State Supreme Court, was telephonically contacted and informed that JAMES FIELD BLAND had submitted an Application dated March 5, 1941, to take the Missouri State Bar examinations. He further advised that these examinations would be given June 23, 24, and 25, 1941.

b6  
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REFERRED UPON COMPLETION TO THE OFFICE OF ORIGIN

# FEDERAL BUREAU OF INVESTIGATION

Form No. 1

THIS CASE ORIGINATED AT **BUREAU**

NY FILE NO. **67-5370**

FW

REPORT MADE AT <b>NEW YORK CITY</b>	DATE WHEN MADE <b>5-24-41</b>	PERIOD FOR WHICH MADE <b>4-26-41</b>	REPORT MADE BY <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
TITLE <b>JAMES FIELD BLAND</b>			CHARACTER OF CASE <b>APPLICANT - SPECIAL AGENT</b>

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**SYNOPSIS OF FACTS:**

Special Agent Orville R. Talburtt  
not acquainted with applicant.

- RUC -

**REFERENCE:**


Bureau letter dated 4-21-41.

**DETAILS:**

Special Agent ORVILLE R. TALBURTT of the New York Field office advised that he may have met the applicant socially when he was in Missouri, but that he does not recall the name or the person. He advised that he had once casually known a man named   whose address was the same as the applicant's, and that he may have met the applicant at that address, but that he does not recall him, and consequently could give no recommendation.

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- REFERRED UPON COMPLETION TO THE OFFICE OF ORIGIN -

APPROVED AND FORWARDED <div style="text-align: center;"></div>	DO NOT WRITE IN THESE SPACES
COPIES OF THIS REPORT 2-Bureau 2-New York	

Federal Bureau of Investigation  
United States Department of Justice

Washington, D. C.  
BRIEF OF INVESTIGATION

May 28, 1941

DWF  
67-200486

RE: JAMES FIELD BLAND  
Special Agent Applicant

Written Rating: 60%  
Oral " : 70%  
Composite " : 65%

Age: 24  
Single

A.B. - University of Missouri  
Will receive LL.B. - University of  
June 1941 Missouri

b6  
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EDUCATION

Gower High School, Gower,  
Mo., 1931 - 1935

Records reflect applicant graduated with grades consider-  
ably above the average. [redacted] advised  
that applicant had been one of the most outstanding students  
to graduate from the school in many years. [redacted] spoke favorably of applicant.

Westminster College, Fulton,  
Mo., 1935 - 1937

Records reflected applicant's grades were considerably  
above average. [redacted] stated that appli-  
cant had been an outstanding student; that applicant was the  
recipient of an honor scholarship which was given only to those who graduated in the upper  
tenth of their high school classes. [redacted] spoke favorably of  
applicant.

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Univ. of Mo., Columbia, Mo.,  
1937 - 1939, A.B.; will receive  
LL.B. in June 1941

Records revealed applicant's grades were considerably above  
average in the School of Arts and Sciences and were slightly  
above the average in the School of Law. Applicant was  
listed as having failed Law-Mortgages. [redacted]

School of Law, stated that applicant was fairly aggressive and self-reliant. Professor [redacted]  
School of Law, stated that applicant had not appeared to be particularly aggressive in class,  
but that otherwise his work was more than satisfactory.

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EXPERIENCE

[redacted]  
[redacted] all Gower, Mo.,  
Farm Work, periodically in summers  
since 1932

[redacted] stated that  
applicant was a most capable, reliable and dependable em-  
ployee.

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b7C

[redacted] Gower,  
Mo., [redacted] summers 1937, 1938, 1939  
satisfactory in every respect; that applicant got along well with his fellow employees and  
the customers.

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[redacted] present owner,  
advised that applicant had also been employed as an extra  
employee in the summer of 1940; that his services were

JUN 10 1941

..... Mr. [redacted]  
..... Mrs. [redacted]  
..... Miss [redacted]  
..... Mrs. [redacted]  
..... Mrs. [redacted]  
.....  
.....  
.....

(action desired)

*Link  
Smyth  
6/2*

Routed.....  
Searched.....  
Serialized.....  
Checked.....  
Filed.....

67-200486-18  
(file number)  
JUN 3 1941  
(date stamp)  
[initials]  
(routing stamp)

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-2-

REFERENCES

Speak favorably of applicant. Mr. [ ] advised that applicant's father is employed as the head cattle salesman for the Farmers Union Livestock Commission Company at St. Joseph.

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MEMBER OF ORGANIZATIONS

Beta Theta Pi; Phi Delta Phi.

RELATIVES IN GOVERNMENT SERVICE

None.

MISCELLANEOUS

Neighborhood investigation

Favorable.

Born May 6, 1917, Gower, Mo.

Verified by school records. No un-American sympathies disclosed in investigation.

Languages

None.

Criminal Record

None.

Selective Service Act

Registered for draft, order #1214, serial #1072; questionnaire has not yet been mailed and applicant probably would not be called until the early part of 1942. Application shows order number as 1184 and approximate date of induction in the fall of 1941. Applicant does not intend to claim exemption and has a satisfactory attitude toward military service.

Acquainted with SA Orville R. Talburt

Special Agent Talburt advised that he may have met the applicant socially when he was in Missouri, but that he does not recall the name or the person and consequently could give no recommendation.

Personal interview with Interviewing Official Dwight Brantley

Advised applicant presents a good personal appearance and approach, has an excellent personality, is self-confident, tactful, answers general questions quickly, appears to be resourceful, to have executive ability and is likely to develop; however, applicant has not studied Federal Procedure, has had no investigative experience. Mr. Brantley advised applicant impressed him as being a substantial, small-town boy with a good appearance and approach, converses well, has a good personality, appears to be the type who would be able to take care of himself, has a good physique, and it is believed he is above the average in intelligence. Recommendation - favorable. Applicant cannot accept appointment until after July 15, 1941.

OUTSTANDING ENDORSERS

None.

Applicant's physical report dated April 7, 1941, shows vision as normal with and without glasses; color vision normal by Strands; and he is recommended for arduous physical exertion.

W. R. Glavin  
W. R. Glavin JWM

# FEDERAL BUREAU OF INVESTIGATION

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Form No. 1

THIS CASE ORIGINATED AT

BUREAU

KC FILE NO. 67-2348

REPORT MADE AT <b>KANSAS CITY, MISSOURI</b>	DATE WHEN MADE <b>8/5/41</b>	PERIOD FOR WHICH MADE <b>8/4/41</b>	REPORT MADE BY <div style="border: 1px solid black; height: 15px; width: 100%;"></div>
TITLE <b>JAMES FIELD BLAND</b>			CHARACTER OF CASE <b>APPLICANT - SPECIAL AGENT</b>

**SYNOPSIS OF FACTS:**

Applicant born Gower, Missouri, May 6, 1917; received LL.B. degree, University of Missouri, Columbia, June 13, 1941. Selective Service order #1214; questionnaire executed, and on May 29, 1941, applicant received six month deferment in class 2A. Local Board states in all probability applicant will not be called within six months. Neighborhood investigation excellent. No criminal record. Father and mother born in Missouri. No un-American ideas or sympathies evident in applicant or family.

R.U.C.

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**REFERENCE:**

Report of Special Agent   Kansas City, Missouri, dated 5/3/41;  
Teletype from Bureau dated 8/2/41.

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**DETAILS:**

At Kansas City, Missouri

  University of Missouri, Columbia, Missouri, was telephonically contacted. He informed that JAMES FIELD BLAND graduated on June 13, 1941, and received an LL.B. degree as scheduled. He stated applicant maintained slightly above average grades during his final semester at the college and that there was no notation of disciplinary action taken against him.   informed that applicant lived up to his expectations of him.

APPROVED AND FORWARDED:

SPECIAL AGENT IN CHARGE

DO NOT WRITE IN THESE SPACES

COPIES OF THIS REPORT

2 - Bureau  
2 - Kansas City

At Plattsburg, Missouri

At the office of the Local Draft Board for Clinton County, Missouri, [ ] produced his file on the applicant and turned it over to the writer for review. This file revealed that JAMES FIELD BLAND is single, was born in Gower, Clinton County, Missouri, on May 6, 1917; that his order number is 1214 and his serial number 1072. A questionnaire was mailed applicant on May 16, 1941, and returned properly executed on May 22, 1941. At this time applicant requested that induction be postponed until the end of the academic year, which was to end on June 13, 1941. He was accordingly given a six month deferment as is the practice of the Local Board and classed as 2A on May 29, 1941. [ ] stated that should BLAND be appointed by the Bureau and his temporary deferment voided, he was quite sure he would not be inducted for at least six months. He stated his Board was now in the six hundreds as the order numbers go, and it may be a year before the induction date of applicant.

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[ ] of Clinton County, advised that his office had no arrest record of the applicant.

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At Gower, Missouri

[ ] stated that applicant had recently returned home from school at Columbia, Missouri, and had not been seen around the town very much during the past five or six years while attending college. She stated applicant was born on a farm just outside of town and that she had known him practically all of his life. She said she could not say one thing against applicant's character, and stated that all of the BLAND family are 100 per cent American. She was sure applicant is the type who could be trusted with any kind of confidential matter.

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[ ] informed that applicant's family has plenty of money and yet he is well liked by the poor and rich boys in town alike. He stated the writer could stop anyone on the street and he was sure none could be found to say a word against applicant. According to [ ] applicant was [ ] some years ago during the summer months and was well liked by his fellow employees as well as the customers.

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[redacted] advised that applicant was born on a farm just outside of the town and that his parents were both born in the town of Gower, Missouri. According to [redacted], the applicant has never been involved in any scandal, he would prove to be a faithful employee of the Bureau, and comes from good, dependable and substantial people. She further stated he is 100 per cent American.

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[redacted] who was drinking beer in the [redacted] was interviewed. He stated applicant was highly regarded in town as a swell fellow. He stated applicant was "one boy who could stick his head up when he walks around town but doesn't." He said the applicant's people are considered rich, that he has had a college education but does not show off as some of the college boys do. [redacted] said the best test he knew was the fact that all the youngsters in town liked applicant. He stated applicant drinks but knows when it is time to stop. He advised he had never seen or heard of him being drunk.

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[redacted] of the [redacted] in town, advised he had never heard one word against applicant. According to [redacted], applicant will be a good employee for the F.B.I. as he is level-headed, conscientious, and can keep his "mouth closed" on matters entrusted to him. He said BLAND came from a family that is highly regarded in town.

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GORDON LAWSON, an old resident of the town, said he had known the applicant since he was born, and that he is a high-type young man. He said there was nothing crooked about him and that he seemed to be a hard worker. He said that anyone employing BLAND would not have any trouble with him as far as putting confidence in him. He informed that he was a very responsible and honest person and did not think long hours of overtime would make any difference to him if he wanted the job.

Mrs. [redacted] advised that her husband had been janitor of the high school for the past 21 years, and she never heard him mention one word about applicant. She said this was in applicant's favor. She stated BLAND was a very nice young man, that he had been home since June, 1941, when he graduated from the University, and that he has not been working this summer. She said he was a good, sober, young man, and was well liked in the town. She informed she was sure there was no trace of un-Americanism in the applicant or his family as all three were born in Clinton County, Missouri.

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[redacted], and his [redacted] neighbors of the applicant, advised they had known the BLAND family for the past seven years as neighbors and had never had a bit of trouble with them. [redacted] informed he was sure the FBI would be making no mistake in employing the applicant as a Special Agent. He stated he was sure he had never been in any trouble in or around the town. According to [redacted], the applicant possesses no un-American ideas or sympathies.

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There is no credit bureau in Gower, Missouri.

REFERRED UPON COMPLETION TO OFFICE OF ORIGIN.

JOHN EDGAR HOOVER  
DIRECTOR

**Federal Bureau of Investigation**  
**United States Department of Justice**  
**Washington, D. C.**

ED  
67-200486

BRIEF OF SUPPLEMENTAL INVESTIGATION August 7, 1941

RE: JAMES FIELD BLAND  
Special Agent Applicant

Written rating: 60%  
Oral " : 70%  
Composite " : 65%

Age: 24  
Single

A.B.-Univ. of Missouri  
LL.B.-Univ. of Missouri

Applicant was interviewed and examined April 4, 1941 for the position of Special Agent by Interviewing Official Dwight Brantley who recommended applicant favorably. A character and fitness investigation was conducted in this case which disclosed the following unfavorable information: Records of the University of Missouri reflect applicant failed Law-Mortgages. Applicant's name was placed on the eligible list June 2, 1941. The following is a summary of the recent supplemental investigation conducted:

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EDUCATION

Univ. of Mo., Columbia, Mo., 1937-1939, A.B.; LL.B. June 1941

[redacted] advised applicant received his LL.B. degree June 13, 1941 and received slightly above average grades.

MISCELLANEOUS

Neighborhood investigation of applicant and relatives

Favorable.

Selective Service Act

Applicant's order number is 1214, serial number 1072, questionnaire was mailed and returned in May 1941. He was given a six month deferment and classed 2 A on May 29, 1941 upon his request that he not be inducted until end of the academic year.

OUTSTANDING ENDORSERS

None

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W. R. Glavin  
W. R. Glavin

5. 11. 41

.....Mr. [redacted]	(action desired) <i>any 75 school 8/8/41</i>	Routed...5... Searched... Serialized...5% Checked..... Filed.....	67-200486-10
.....Mrs. [redacted]			(file number)
.....Miss [redacted]			AUG 9 1941
.....Mrs. [redacted]			(date stamp)
.....Mrs. [redacted]			(routing stamp)

# PERSONNEL AFFIDAVIT

Department of Justice F.B.I. Washington, D.C.  
(Department or agency) (Bureau or division) (Place of employment)  
Name James F. Bland  
(Given name, initial or initials, if any, and last name. Print or type)

Section 9A of Public 252—76th Congress, approved August 2, 1939, otherwise known as the "Hatch Act," provides:

"(1) It shall be unlawful for any person employed in any capacity by any agency of the Federal Government, whose compensation, or any part thereof, is paid from funds authorized or appropriated by any Act of Congress, to have membership in any political party or organization which advocates the overthrow of our constitutional form of government in the United States.

"(2) Any person violating the provisions of this section shall be immediately removed from the position or office held by him, and thereafter no part of the funds appropriated by any Act of Congress for such position or office shall be used to pay the compensation of such person;"

It is provided in various appropriation acts that no part of the funds so appropriated shall be used to pay the salary or wages of any person who advocates, or who is a member of an organization that advocates, the overthrow of the Government of the United States by force or violence; and that an affidavit shall be considered *prima facie* evidence that the person making the affidavit does not advocate, and is not a member of an organization that advocates, the overthrow of the Government of the United States by force or violence. Such acts provide further that any person who advocates, or who is a member of an organization that advocates, the overthrow of the Government of the United States by force or violence and accepts employment, the salary or wages for which are paid from any such appropriation, shall be guilty of a felony and, upon conviction, shall be fined not more than \$1,000 or imprisoned for not more than 1 year, or both, and that the above penalty shall be in addition to, and not in substitution for, any other provisions of existing law.

I, James F. Bland, do solemnly swear (or affirm) that I have read and understand the foregoing; that I do not advocate the overthrow of the Government of the United States by force or violence; that I am not a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence; and that during such time as I am an employee of the Federal Government, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the Government of the United States by force or violence.

James F. Bland  
(Signature of employee)

Subscribed and sworn to before me this 25 day of August, A. D., 1941,  
at Washington, D.C.  
(City or place) (State)

File 8-26-41  
1119:ac

[SEAL]

# FEDERAL BUREAU OF INVESTIGATION

LD

Mr.  
Miss  
Mrs.

Mr. James F. Dland

Date August 9, 1941

New appointment

☒

Transfer

☐

Promotion

☐

Separation

☐

## PRESENT STATUS

1. Title:

2. Grade:

3. Salary:

4. Seat of Government: ☐  
Field: ☐

5. Division:

6. Appropriation:

## PROPOSED ACTION

7. Title: Special Agent

8. Grade: CAF 9

9. Salary: \$3200 per annum and  
\$5.00 per diem

10. Seat of Government: ☐  
Field: ☐

11. Division:

12. Appropriation: "Salaries and Expenses, FBI"  
(National Defense)

13. Effective: With entry on duty.

14. Position: Vice: Carrard Harris-transferred,  
6-1-41  
Identical: ☐

15. Remarks:

Recommended for appointment as a Special Agent in Grade CAF 9, with salary at the rate of \$3200 per annum and \$5.00 per diem in lieu of subsistence and expenses of travel and operation when absent from official headquarters.

Respectfully submitted,

cc: Chief, Audit Section

Director, Federal Bureau of Investigation

Mr. Tolson

(Title)

Mr. E. A. Tamm

Mr. Clegg

Mr. Foxworth

Mr. Glavin

Mr. Ladd

Mr. Nichols

Mr. Rosen

Mr. Carson

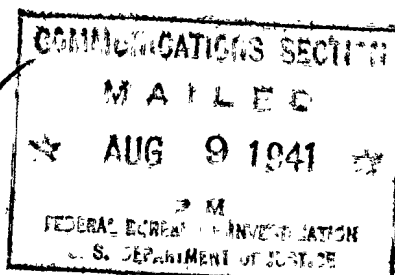
Mr. Drayton

Mr. Quinn Tamm

Mr. Hendon

Mr. Tracy

Miss Gandy



Vm

Uz

James F. Bland

PHYSICAL EXAM.

RECORDED

67-200486-148	
Routed.....	Recorded.....
Searched <i>JK</i>	
Num <i>87-45</i>	22
SEP 29 1941	
FEDL	1104

THREE  
*WJK*

37 OCT 2 1941



RECORD OF PHYSICAL EXAMINATION OF OFFICERS AND SPECIAL AGENTS OF THE  
FEDERAL BUREAU OF INVESTIGATION, U. S. DEPARTMENT OF JUSTICE

Quantico, Va. Sept 2, 1941  
Place HISTORY

Name James F. Bland Age 24 years, 4 months  
Nativity (state) Missouri Married, Single, Widowed: Single Number of Children none

Diseases, operations, or injuries previous to age of 15 (Give date and full description of each and examine carefully for evidence of sequelae.)

Abdominectomy - age 3 (scar on right abdomen); Broken left leg - age 2 1/2; Flu; Measles; Whooping Cough - age 6  
(1920) (1919) (1928) (1930) (1923)

Diseases, operations, or injuries subsequent to age 15 (Give date and full description of each and examine carefully for evidence of sequelae.)

Broken ribs, shoulder blade right side, May 1939  
Concussion & Adrenalitis Sept. 1935

Letter to Mr. J. Bland  
8/25/41

Father . . . . . (Living? Yes State of Health Excellent)  
(Dead? \_\_\_\_\_ Cause & age at death? \_\_\_\_\_)  
Mother . . . . . (Living? Yes State of Health Excellent)  
(Dead? \_\_\_\_\_ Cause & age at death? \_\_\_\_\_)  
Brothers . . . . . (Number living None State of Health \_\_\_\_\_)  
(Number dead None Cause & age at death? \_\_\_\_\_)  
Sisters . . . . . (Number living None State of Health \_\_\_\_\_)  
(Number dead None Cause & age at death? \_\_\_\_\_)

Has any member of family suffered from neurasthenia or insanity or been confined in any institution for the insane? Give relationship and full history of case.

No

Has any blood relative been an inmate of a penal institution or poorhouse? Give relationship and state reasons.

No

Habits: Tobacco? Moderate Alcoholics? Social Drugs? None

James F. Bland  
Signature of Candidate.

PHYSICAL EXAMINATION

Eyes: Color? Blue Exophthalmos? no

Chronic inflammation? none Other abnormality? none

Eyelids: Ptosis? none Condition of conjunctiva on eversion? normal

Other eye conditions? none

Vision: (Note: Each eye must be tested separately.)

Does candidate wear glasses? yes For what purpose? Reading

Distant: Uncorrected vision of right eye? 20/20 Left eye? 20/20

Corrected vision of right eye? 20/20 Left eye? 20/20

Near: Uncorrected vision of right eye? 20/20 Left eye? 20/20

Corrected vision of right eye? 20/20 Left eye? 20/20

Remarks: \_\_\_\_\_

Color sense: Normal (Stillings (1929))  
(Standard color plate test required)

Ears: Abnormalities? None Evidence of mastoid or other disease: none

Condition of drums? Right normal Left \_\_\_\_\_

Hearing: (Note: When testing hearing, the eyes and the opposite ear must be closed.)

Distance conversational speech can be heard:

Right ear 20/20 feet. Left ear 20/20 feet.

Distance whispered speech (Using residual air) can be heard:

Right ear 20/20 feet. Left ear 20/20 feet.

(Note: Use tuning fork tests, Rinne, Weber & Schwabach, if indicated.)

Right ear 20/20 Left ear 20/20

Nose: Deflection of septum normal Polypi? none

Chronic nasal disease? none Is candidate a mouth breather? no

Palate: Cleft or perforated? no Other conditions? none

Fauces: Condition of tonsils? Removed Pharynx? normal

Signature of Examining Specialist. \_\_\_\_\_



Height? 5 feet, 8 inches. Weight, stripped? 166 1/2 Pounds.

General appearance: (Robust? X) (White? X)  
(Puny?       ) (Colored?       )  
(Plethoric?       ) (Blonde?       )  
Complexion: (Anaemic?       ) (Brunette? X)  
(Corpulent?       ) (Florid?       )  
(Emaciated?       ) (Sallow?       )

Skin: Diseases?       

Hair: Color: Brown Thickness X

Glands: Enlargement: X Other abnormalities       

Head: Depressions?        Asymmetries?       

Facial disfigurement?        Facial asymmetry?       

Abnormalities of speech?       

Neck: Goitre?        Other conditions?       

Chest: Inspiration 38 1/2 inches. Expiration 35 inches. Respiratory rate? 18

Inspection:       

Lungs: Palpation:       

Percussion:       

Auscultation:       

X-ray examination:       

Heart: Palpation:       

Percussion:       

Auscultation:       

Exercise Test: Step upon chair 25 times in 30 seconds. Pulse rate should return to normal after two minutes.

Pulse rate: Sitting 90 After exercise 88

Condition of heart after exercise: Negative

Blood pressure, Systolic? 102 Diastolic? 60 Pulse pressure 42

Abdomen:

Circumference at umbilicus? 31 1/2 Tenderness? none  
Other abnormalities? scar of appendectomy  
Liver, percussion? normal Palpation? normal  
Spleen, percussion? normal Palpation? normal  
Inguinal rings? normal Hernia? none

Scrotum:

Varicocele? none Hydrocele? none Sarcocoele? none

Testicles:

Induration? none Atrophy? none  
Other conditions? none

Penis:

Epispadias? none Hypospadias? none  
Condition of prepuce? normal Venereal diseases? none

Anus:

Hemorrhoids? none Fistulae? none  
Prolapse of bowel? none Other conditions? none

Spine:

Tenderness? none Curvature? normal

Reflexes:

Pupillary: H Cremasteric: H  
Patellar: H Babinski: neg Ankleclonus: H

Upper Extremity:

Missing fingers? none Contractures of hand? none  
Condition of joints? normal Other conditions? none

Lower Extremity:

Flat foot? none Bowed legs? none  
Knock-knees? none Varicose Veins? none

Hammer toes? none Bunions? none  
Other abnormalities? none

Agility:

Co-ordination of muscular movements? normal Romberg? Neg

Defects of gait? N N

Mental Condition? \_\_\_\_\_  
(Note: If indicated refer to specialist)

Temperature? 98.4

Has this person been successfully vaccinated within 5 years? 1939

Has this person had prophylactic typhoid inoculation? No Date last taken \_\_\_\_\_

Urine: Color? Light Amber Sp. Gr.? 1.014 Albumin? N Sugar? N

Reaction? Acid Shreds? ✓ Blood cells? ✓

Pus cells? \_\_\_\_\_ Casts? ✓ Epithelial cells? ✓

Blood: Red corpuscles per C.mm 5,000,000 White corpuscles per C.mm 8200

Differential count Neutro 68 Lymph 27 Mono 5

Blood type 0

Blood serologic tests (syphilis): Neg Haemoglobin per cent: 15

Has candidate any of the following defects, viz: Cachexia, or apparent predisposition to any constitutional diseases, permanent defects of either of the extremities or articulations, including defects of gait, flat foot, badly bowed legs, knock-knees, unnatural curvature of the spine, impaired vision, color-blindness, chronic diseases of the visual organs, epilepsy, insanity, chronic diseases of the ears, deafness, chronic nasal disease, polypi, chronic ulcers or cicatrices of old ulcers likely to break out afresh, chronic cardiac pulmonary or renal affections, insufficient chest expansion, hernia, sarcocele, hydrocele, varicocele (unless slight), fistula in ano, hemorrhoids, varicose veins on lower limbs (unless slight) stature less than 5 feet 4 inches, or more than 6 feet 2 inches, or any marked abnormality of speech or facial disfigurement?

A. J. Pendergast

Report of any special examination:

# DENTAL EXAMINATION OF \_\_\_\_\_

## MUCOUS MEMBRANE

<input checked="" type="checkbox"/>	Normal
<input type="checkbox"/>	Inflamed
<input type="checkbox"/>	Swollen
<input type="checkbox"/>	Ulcerated
<input type="checkbox"/>	Septic

## TONGUE

<input type="checkbox"/>	Normal
<input type="checkbox"/>	Coating
<input type="checkbox"/>	Cryptic
<input type="checkbox"/>	Ulcerated
<input type="checkbox"/>	Enlarged

## GENERAL ORAL CONDITION

### SALIVA

<input checked="" type="checkbox"/>	Normal
<input type="checkbox"/>	Excessive
<input type="checkbox"/>	Acidity
<input type="checkbox"/>	Thick or ropy
<input type="checkbox"/>	Odor

Glands \_\_\_\_\_

Sinus \_\_\_\_\_

Throat \_\_\_\_\_

### OCCLUSION

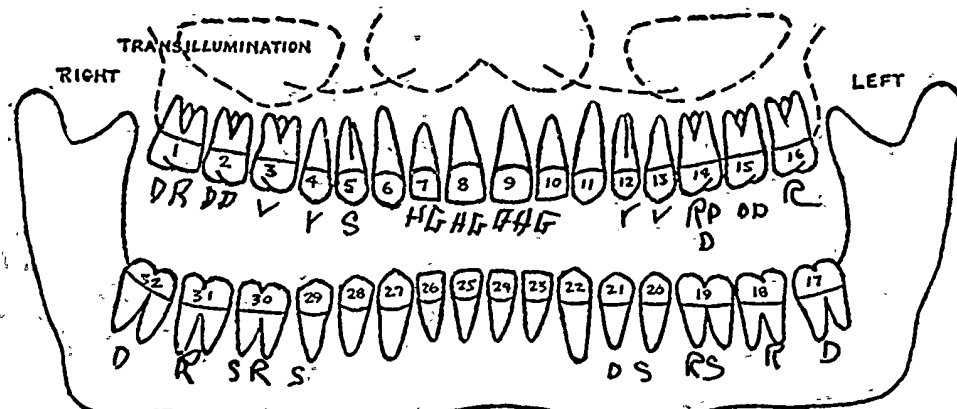
<input checked="" type="checkbox"/>	Normal
<input type="checkbox"/>	Class I
<input type="checkbox"/>	Class II
<input type="checkbox"/>	Class III

### ARCH

<input type="checkbox"/>	Square
<input checked="" type="checkbox"/>	Tapering
<input type="checkbox"/>	Ovoid

## DENTAL DIAGNOSIS

- A. Labial
- B. Lingual
- C. Incisal
- D. Occlusal
- E. Buccal
- G. Mesial
- H. Distal
- K. Mesio-labial
- L. Disto-labial
- M. Mesio-lingual
- N. Disto-lingual
- O. Mesio-incisal
- P. Disto-incisal
- R. Mesio-occlusal
- S. Disto-occlusal
- T. Bucco-occlusal
- U. Lingual-occlusal
- V. Mesio-disto-occlusal
- W. Bucco-lingual-occlusal



- ☒ Roots
- ☐ Abscess
- ☐ Impacted
- ☐ Crown
- ☐ Devitalized
- ☐ Dummy bridge
- ☐ On Centre
- ☐ Missing
- ☒ Extraction Indicated

X-ray No. \_\_\_\_\_ X-ray reading \_\_\_\_\_

Gingival disease (indicate nature and extent) \_\_\_\_\_

Conditions of appliances replacing teeth \_\_\_\_\_

Remarks: \_\_\_\_\_

In case a dentist is not available to make the dental examination, the medical examiner shall record missing teeth, prosthetic replacements, and give a general estimate of oral condition.

Date 7. Sept 41 (Signature) \_\_\_\_\_ Dental Surgeon

b6  
b7C

Summary of Findings

(Summarize here all defects found.)

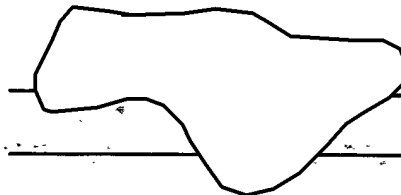
1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Recommendations:

1. Is this man capable of strenuous ✓ moderate \_\_\_\_\_ light \_\_\_\_\_  
or very light \_\_\_\_\_ physical exertion. (Indicate which).
2. Has this man any defect which would interfere with his participation  
in raids or other work connected with the detection and apprehension  
of criminals which might entail the practical use of firearms?  
(Indicate YES or NO) NO

Remarks:

H. J.



b6  
b7C

Administrative action by Federal Bureau of Investigation.

\_\_\_\_\_  
DIRECTOR

FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE  
COMMUNICATIONS SECTION

264

JAN 15 1942

TELETYPE

FBI NYC 1-15-42 8-43 PM HP

Mr. Tolson.....  
Mr. E. A. Tamm.....  
Mr. Clegg.....  
Mr. Glavin.....  
Mr. Ladd.....  
Mr. Nichols.....  
Mr. Tracy.....  
Mr. Rosen.....  
Mr. Carson.....  
Mr. Coffey.....  
Mr. Hendon.....  
Mr. Holloman.....  
Mr. Quinn Tamm.....  
Mr. Nease.....  
Miss Gandy.....

DIRECTOR

LIGHT.

RETEL. SPECIAL AGENT JAMES F BLAND PLACED IN CLASSIFICATION TWO A  
IN ~~SELECT~~ SELECTIVE SERVICE DRAFT UNTIL ~~NOV~~ NOV TWENTY NINE NINETEEN  
FORTY ONE. NOT YET NOTIFIED OF RECLASSIFICATION. LOCAL BOARD  
ADDRESS CLINTON COUNTY PLATTSBURG, MISSOURI. [REDACTED]

b6  
b7C

[REDACTED] SPECIAL AGENT WILLIS S TURNER NOT YET CLASSIFIED. ORDER  
NUMBER TWO SEVEN NINE SEVEN. LOCAL BOARD NUMBER ONE WAKE COUNTY,  
~~RALEIGH~~ RALEIGH BUILDING, RALEIGH, NORTH CAROLINA. CHAIRMAN NOT  
KNOWN. SPECIAL AGENT [REDACTED] PLACED IN CLASSIFICATION THREE A.  
LOCAL BOARD NUMBER ONE TWENTY ONE, ADDRESS TWO FOUR TWO FOUR JEROME  
AVE, BRONX COUNTY, NEW YORK. CHAIRMAN [REDACTED]. SPECIAL AGENT  
W W COCHRANE NOT YET CLASSIFIED. ASKED FOR DEFERREE CLASSIFICATION DUE  
TO DEPENDENTS. BUREAU ASKED FOR OCCUPATIONAL DEFERMENT IN HIS CASE.  
LOCAL BOARD NUMBER SEVEN, ADDRESS TIVOLI THEATRE BUILDING FOURTEENTH  
STREET NORTHWEST, WASHINGTON, D. C. NAME OF CHAIRMAN NOT KNOWN. MR  
[REDACTED] NOT YET CLASSIFIED. LOCAL BOARD NUMBER ONE EIGHTY  
SIX, ADDRESS TWO SIXTY EAST SEVENTH STREET, BROOKLYN, N Y.  
CHAIRMAN [REDACTED].

b6  
b7C

b6  
b7C

JAN 28 1942  
RECORDED  
67-2004-86-20  
FEDERAL BUREAU OF INVESTIGATION  
ROUTED TO [REDACTED] RECORDED  
SEARCHED [REDACTED] CHECKED [REDACTED]  
NUMBERED [REDACTED] FILED [REDACTED]  
JAN 31 1942

FOXWORTH

A H P

OK 8-47 PM FBI WASH DC JC

Noted  
per THREE  
File  
JP

September 18, 1943 ~~PERSONAL AND CONFIDENTIAL~~

Mr. James F. Bland  
 Federal Bureau of Investigation  
 234 U. S. Court House  
 Foley Square  
 New York 7, New York

Dear Mr. Bland:

The Bureau is in receipt of the report of the physical examination afforded you at the United States Naval Hospital, Bethesda, Maryland, on August 30, 1943.

This report reflects the following physical defects:

None.

The Board of Examining Physicians makes the following recommendations:

Inoculation for tetanus.  
 Typhoid booster.

It reports that you are capable of performing strenuous physical exertion, and have no physical defects that would interfere with your participation in raids or other work involving the practical use of firearms.

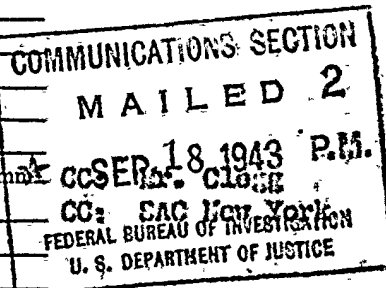
For your information, it was determined during this examination that your blood is International Type "O".

Sincerely yours,

*J. E. Hoover*

John Edgar Hoover  
 Director

Mr. Tolson \_\_\_\_\_  
 Mr. E. A. Tamm \_\_\_\_\_  
 Mr. Clegg \_\_\_\_\_  
 Mr. Coffey \_\_\_\_\_  
 Mr. Glavin \_\_\_\_\_  
 Mr. Ladd \_\_\_\_\_  
 Mr. Nichols \_\_\_\_\_  
 Mr. Rosen \_\_\_\_\_  
 Mr. Tracy \_\_\_\_\_  
 Mr. Acers \_\_\_\_\_  
 Mr. Carson \_\_\_\_\_  
 Mr. Harbo \_\_\_\_\_  
 Mr. Hendon \_\_\_\_\_  
 Mr. Mumford \_\_\_\_\_  
 Mr. Starke \_\_\_\_\_  
 Mr. Quinn Tamm \_\_\_\_\_  
 Mr. Nease \_\_\_\_\_  
 Miss Gandy \_\_\_\_\_



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*[Handwritten signature]*

**RECORD OF PHYSICAL EXAMINATION OF OFFICERS AND SPECIAL AGENTS  
FEDERAL BUREAU OF INVESTIGATION, U. S. DEPARTMENT OF JUSTICE**

NAME James F. Bland AGE 26 YEARS, 4 MONTHS  
 NATIVITY (state of birth) Missouri MARRIED, SINGLE, WIDOWED Married NUMBER OF CHILDREN None  
 FAMILY HISTORY None

HISTORY OF ILLNESS OR INJURY Appendicitis when 2 1/2 years of age. Broken ribs and shoulder blade in 1939. Tonsils out 1935. Broken leg when 3 yrs. of age. (one day sick leave)

**HEAD AND FACE**

EYES: PUPILS (size, shape, reaction to light and distance, etc.) 3-4 mi a day

DISTANT VISION RT. 20/20, corrected to 20/

LT. 20/20, corrected to 20/

COLOR PERCEPTION Normal

(state edition of Stilling's plates or Lamps used)

DISEASE OR ANATOMICAL DEFECTS None

EARS: HEARING RT. WHISPERED VOICE 15/15' CONVERSATIONAL SPEECH 15'

LT. WHISPERED VOICE 15/15' CONVERSATIONAL SPEECH 15'

DISEASE OR DEFECTS None

NOSE None

(Disease or anatomical defect, obstruction, etc. State degree)

SINUSES None

TONGUE, PALATE, PHARYNX, LARYNX, TONSILS None

TEETH AND GUMS (disease or anatomical defect): Normal

MISSING TEETH None

NONVITAL TEETH None apparent

PERIAPICAL DISEASE None apparent

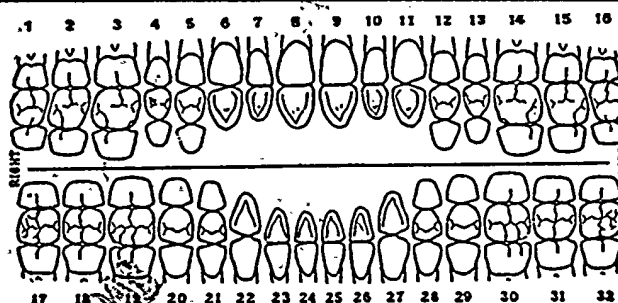
MARKED MALOCCLUSION No

PYORRHEA ALVEOLARIS No

TEETH REPLACED BY BRIDGES None

DENTURES No

REMARKS



/s/ John. Paul

(Signature of Dental Officer)

GENERAL BUILD AND APPEARANCE Healthy

TEMPERATURE 98.2

CHEST AT EXPIRATION 35

HEIGHT 68"

CHEST AT INSPIRATION 38

WEIGHT 161 1/2

CIRCUMFERENCE OF ABDOMEN AT UMBILICUS Unchanged

RECENT GAIN OR LOSS, AMOUNT AND CAUSE Healthy

SKIN, HAIR, AND GLANDS Normal

NECK (abnormalities, thyroid gland, trachea, larynx) None

SPINE AND EXTREMITIES (bones, joints, muscles, feet)

None

2 SEP 10 1943

FEDERAL BUREAU OF INVESTIGATION

Let sent 9-18-43  
Chas. id.

SEP 9 1943  
67 200486-51  
Routed.....Recorded.  
Numbered.../...Filed...87  
J. Paul



THORAX (size, shape, movement, rib cage, mediastinum) n  
RESPIRATORY SYSTEM, BRONCHI, LUNGS, PLEURA, ETC. n

Photo-Fluorograph of chest is negative

CARDIO-VASCULAR SYSTEM n

HEART (note all signs of cardiac involvement) n

PULSE: BEFORE EXERCISE 88

AFTER EXERCISE 120

THREE MINUTES AFTER 88

BLOOD PRESSURE: SYSTOLIC 105

DIASTOLIC 65

CONDITION OF ARTERIES n

CONDITION OF VEINS n

CHARACTER OF PULSE n

HEMORRHOIDS n

ABDOMEN AND PELVIS (condition of wall, scars, herniae, abnormality of viscera)

GENITO-URINARY SYSTEM Normal

URINALYSIS: SP. GR. 1.030 ALB. Neg. SUGAR Neg. MICROSCOPICAL Neg.

VENEREAL DISEASE None

NERVOUS SYSTEM Normal

(organic or functional disorders)

ROMBERG Normal INCOORDINATION (gait, speech) None

REFLEXES, SUPERFICIAL Normal DEEP (knee, ankle, elbow) Normal TREMORS None

SEROLOGICAL TESTS neg BLOOD TYPE O

ABNORMAL PSYCHE (neurasthenia, psychasthenia, depression, instability, worries) None

SMALLPOX VACCINATION: DATE OF LAST VACCINATION Within 5 yrs.

TYPHOID PROPHYLAXIS: NUMBER OF COURSES July 1942

DATE OF LAST COURSE Tet. Tox. 0

REMARKS ON ABNORMALITIES NOT OTHERWISE NOTED OR SUFFICIENTLY DESCRIBED ABOVE

SUMMARY OF DEFECTS

CAPABLE OF PERFORMING DUTIES INVOLVING Strenuous PHYSICAL EXERTION

IS THIS INDIVIDUAL PHYSICALLY FIT TO PARTICIPATE IN RAIDS AND APPREHENSION OF CRIMINALS  
WHICH MIGHT ENTAIL THE PRACTICAL USE OF FIREARMS Yes. (yes or no)  
(when no is given state cause)

FINDINGS, RECOMMENDATIONS AND REMARKS (as per boards, when necessary)

Typhoid Booster 0.1cc I.D. Annually

Tetanus Toxoid

/s/

Lieut. (MC) U.S.N.R.

b6

b7c

DATE OF EXAMINATION

8/30/43

# FEDERAL BUREAU OF INVESTIGATION

Mr.  
Miss  
Mrs.

Date

Mr. James F. Bland

May 22, 1942

New appointment ☐Transfer ☐Promotion ☐Separation ☐

## PRESENT STATUS

1. Title:

Special Agent

2. Grade:

CAF 9

3. Salary:

\$3200 per annum

4. Seat of Government:

Field: ☐

5. Division:

6. Appropriation:

"Salaries and Expenses, FBI"  
(National Defense)

## PROPOSED ACTION

7. Title:

Special Agent

8. Grade:

CAF 10

9. Salary:

\$3500 per annum

10. Seat of Government:

Field: ☐

11. Division:

12. Appropriation:

"Salaries and Expenses, FBI"  
(National Defense)

13. Effective:

June 1, 1942

14. Position:

Additional: ☐

Vice:

Identical: ☐ John J. Parrish

Transferred 4-16-42

15. Remarks:

Respectfully submitted,

CC: Chief, Audit Section

Mr. Tolson, Reader

Mr. E. A. Tamm

Mr. Clegg

Mr. Glavin

Mr. Ladd

Mr. Nichols

Mr. Rosen

Mr. Tracy

Mr. Carson

Mr. Coffey

Mr. Hendon

Mr. Kramer

Mr. McGuire

Mr. Quinn Tamm

Mr. Nease

Miss Gandy

Director, Federal Bureau of Investigation.

COMMUNICATIONS SECTION

MAILED 1430

★ MAY 22 1942 P.M.

FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE

MAY 22 1942 MAIL

March 5, 1946

~~PERSONAL AND CONFIDENTIAL~~

Mr. James Field Bland  
Federal Bureau of Investigation  
234 U. S. Court House, Foley Square  
New York 7, New York

Dear Mr. Bland:

The Bureau is in receipt of the report of the physical examination afforded you at the United States Naval Hospital, Quantico, Virginia, on February 21, 1946.

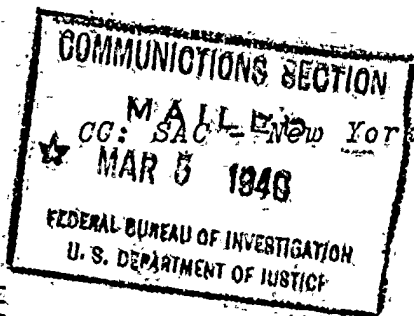
This report reflects that you have no physical defects.

The Board of Examining Physicians of the United States Naval Hospital reports that you are capable of performing strenuous physical exertion and have no physical defects that would interfere with your participation in raids or other work involving the practical use of firearms.

Sincerely yours,

*J. E. Hoover*

John Edgar Hoover  
Director



72  
NOT RECORDED

Mr. Tolson \_\_\_\_\_  
Mr. E. A. Tamm \_\_\_\_\_  
Mr. Clegg \_\_\_\_\_  
Mr. Coffey \_\_\_\_\_  
Mr. Glavin \_\_\_\_\_  
Mr. Ladd \_\_\_\_\_  
Mr. Nichols \_\_\_\_\_  
Mr. Rosen \_\_\_\_\_  
Mr. Tracy \_\_\_\_\_  
Mr. Carson \_\_\_\_\_  
Mr. Egan \_\_\_\_\_  
Mr. Gurnea \_\_\_\_\_  
Mr. Hendon \_\_\_\_\_  
Mr. Pennington \_\_\_\_\_  
Mr. Quinn Tamm \_\_\_\_\_  
Mr. Nease \_\_\_\_\_  
Miss Gandy \_\_\_\_\_

NPC:1th  
*for*

*4* *Prue*

RECORD OF PHYSICAL EXAMINATION OF OFFICERS AND SPECIAL AGENTS  
FEDERAL BUREAU OF INVESTIGATION, U. S. DEPARTMENT OF JUSTICE

NAME James Field Bland AGE 28 YEARS, 9 $\frac{1}{2}$  MONTHS  
NATIVITY (state of birth) Mo. MARRIED, SINGLE, WIDOWED: n NUMBER OF CHILDREN 1  
FAMILY HISTORY parents living - healthy

HISTORY OF ILLNESS OR INJURY n

HEAD AND FACE n

EYES: PUPILS (size, shape, reaction to light and distance, etc.) n

DISTANT VISION RT. 20/20, corrected to 20/

LT. 20/20, corrected to 20/

COLOR PERCEPTION n

(state edition of Stilling's plates or Lamps used)

DISEASE OR ANATOMICAL DEFECTS n

EARS: HEARING RT. WHISPERED VOICE 15/15' CONVERSATIONAL SPEECH /15'

LT. WHISPERED VOICE 15/15' CONVERSATIONAL SPEECH /15'

DISEASE OR DEFECTS n

NOSE n

(Disease or anatomical defect, obstruction, etc. State degree)

SINUSES n

TONGUE, PALATE, PHARYNX, LARYNX, TONSILS n

TEETH AND GUMS (disease or anatomical defect):

MISSING TEETH

NONVITAL TEETH

PERIAPICAL DISEASE

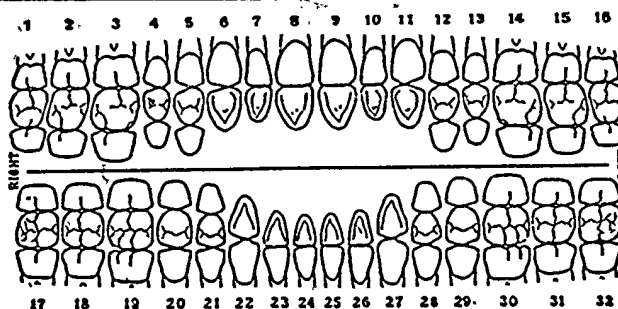
MARKED MALOCCLUSION

PYORRHEA ALVEOLARIS

TEETH REPLACED BY BRIDGES

DENTURES

REMARKS



RECORDED

Charles T. Hopper  
(Signature of Dental Officer)

GENERAL BUILD AND APPEARANCE

TEMPERATURE 98

HEIGHT 69 $\frac{1}{2}$

WEIGHT 176 $\frac{1}{2}$

RECENT GAIN OR LOSS, AMOUNT AND CAUSE

SKIN, HAIR, AND GLANDS

NECK (abnormalities, thyroid gland, trachea, larynx)

SPINE AND EXTREMITIES (bones, joints, muscles, feet) n

THORAX (size, shape, movement, rib cage, mediastinum) n  
RESPIRATORY SYSTEM, BRONCHI, LUNGS, PLEURA, ETC. n

CARDIO-VASCULAR SYSTEM n  
HEART (note all signs of cardiac involvement) n

PULSE: BEFORE EXERCISE 78 BLOOD PRESSURE: SYSTOLIC 120  
AFTER EXERCISE 120 DIASTOLIC 70  
THREE MINUTES AFTER 96  
CONDITION OF ARTERIES good CHARACTER OF PULSE n  
CONDITION OF VEINS good HEMORRHOIDS n

ABDOMEN AND PELVIS (condition of wall, scars, herniae, abnormality of viscera) appendectomy scar

GENITO-URINARY SYSTEM neg.  
URINALYSIS: SP. GR. 1.015 ALB. n SUGAR n MICROSCOPICAL n  
VENEREAL DISEASE

NERVOUS SYSTEM normal  
(organic or functional disorders)  
ROMBERG n INCOORDINATION (gait, speech) n  
REFLEXES, SUPERFICIAL n DEEP (knee, ankle, elbow) n TREMORS n  
SEROLOGICAL TESTS n BLOOD TYPE   
ABNORMAL PSYCHE (neurasthenia, psychasthenia, depression, instability, worries)

SMALLPOX VACCINATION: DATE OF LAST VACCINATION 1939  
TYPHOID PROPHYLAXIS: NUMBER OF COURSES 1  
DATE OF LAST COURSE 1943

REMARKS ON ABNORMALITIES NOT OTHERWISE NOTED OR SUFFICIENTLY DESCRIBED ABOVE

SUMMARY OF DEFECTS n  
n

CAPABLE OF PERFORMING DUTIES INVOLVING yes PHYSICAL EXERTION  
IS THIS INDIVIDUAL PHYSICALLY FIT TO PARTICIPATE IN RAIDS AND APPREHENSION OF CRIMINALS  
WHICH MIGHT ENTAIL THE PRACTICAL USE OF FIREARMS yes (yes or no)  
(when no is given state cause)

FINDINGS, RECOMMENDATIONS AND REMARKS (as per boards, when necessary)

DATE OF EXAMINATION 2-21-46

# DEPARTMENT OF JUSTICE

WASHINGTON 25, D. C.

February 24, 1946

Name

*James I. Board*  
Mr. James I. Board

Nature  
Of Action

*Reassignment*

Effective

February 24, 1946

Position

Criminal Agent

TO

Civil

Grade  
Salary

CAF 11  
\$4520

CAF 12  
\$5103

Bureau  
or  
Division

Headquarters

Appropriations

CAF, FBI, Civil Div.

Civil Div.

Departmental  
or Field

☐

DEPT.

FIELD

☒

DEPT.

FIELD

☒

NO.

FBI 3715

CIVIL SERVICE OR  
OTHER LEGAL AUTHORITY

NATURE OF POSITION

a NEW

P. C. No.

b ADDITIONAL IDENTICAL

P. C. No.

c VICE

Edward J. Bobbitt  
Trans. 1-14-45

P. C. No.

REMARKS:

DATE OF OATH

DATE OF BIRTH

15 MAR 4 1946

NOT RECORDED

# FEDERAL BUREAU OF INVESTIGATION

Prepared by: *dal*  
 Checked by:  
 Filed by:

Mr.  
 Miss  
 Mrs.

Date

Mr. James F. Bland

New appointment ☐

Transfer ☐

Promotion ☐

July 16, 1945

Separation ☐

XX

## PRESENT STATUS

1. Title:

2. Grade:

3. Salary: Special Agent  
 \$4300 per annum

4. Seat of Government: CAF 11  
 Field: ☐

5. Division:

6. Appropriation:

F

## PROPOSED ACTION

"Salaries and Expenses FBI"  
 (National Defense)

7. Title:

8. Grade:

9. Salary: Special Agent  
 \$4520 per annum

10. Seat of Government: ☐  
 Field:\*

11. Division:

12. Appropriation:

F

13. Effective:

July 16, 1945

14. Position:

"Salaries and Expenses FBI"  
 Additional: ☐ (National Defense)  
 Vice:  
 Identical:

15. Remarks:

Mr. James F. Bland is being promoted under the Automatic Promotion Bill, Public Laws #200 and #106. He was reallocated from Grade CAF 10, \$3500 per annum to Grade CAF 11, \$3800 respectfully submitted, January 16, 1944.

(Title)

CC: CCO, Selective Service

Director, Federal Bureau of Investigation

Mr. Tolson  
 Mr. E. A. Tamm  
 Mr. Clegg  
 Mr. Coffey  
 Mr. Glavin  
 Mr. Ladd  
 Mr. Nichols  
 Mr. Rosen  
 Mr. Tracy  
 Mr. Carson  
 Mr. Egan  
 Mr. Gurnea  
 Mr. Hendon  
 Mr. Pennington  
 Mr. Quinn Tamm  
 Mr. Nease  
 Miss Gandy

RECEIVED SECTION

FILED 3

AUG 6 1945 P.M.

FEDERAL BUREAU OF INVESTIGATION  
 U. S. DEPARTMENT OF JUSTICE

AUG 9 1945

CHIEF OF BUREAU

34

ANNUAL  
REPORT OF  
EFFICIENCY RATING

Form approved  
Budget Bureau No. 50-R012.  
Approval expires Mar. 30, 1945.

ADMINISTRATIVE-UNOFFICIAL ( )  
OFFICIAL: (X) REGULAR SPECIAL ( )  
PROBATIONAL or TRIAL PERIOD ( )

As of March 31, 1945 based on performance during period from April 1, 1944 to March 31, 1945

JAMES FIELD BLAND

(Name of employee)

Special Agent

CAF-11

(Title of position, service, and grade)

Federal Bureau of Investigation

New York Field Division

(Organization—Indicate bureau, division, section, unit, field station)

ON LINES BELOW MARK EMPLOYEE	1. Study the instructions in the Rating Official's Guide, C. S. C. Form No. 3823A. 2. Underline the elements which are especially important in the position. 3. Rate only on elements pertinent to the position. a. Do not rate on elements in <i>italics</i> except for employees in administrative, supervisory, or planning positions. b. Rate administrative, supervisory, and planning functions on elements in <i>italics</i> .	CHECK ONE:  Administrative, supervisory, or planning..... <input type="checkbox"/>  All others..... <input checked="" type="checkbox"/>
---------------------------------	---	---

- (1) Maintenance of equipment, tools, instruments.  
----- (2) Mechanical skill.  
+ (3) Skill in the application of techniques and procedures.  
----- (4) Presentability of work (appropriateness of arrangement and appearance of work).  
+ (5) Attention to broad phases of assignments.  
+ (6) Attention to pertinent detail.  
----- (7) Accuracy of operations.  
+ (8) Accuracy of final results.  
+ (9) Accuracy of judgments or decisions.  
+ (10) Effectiveness in presenting ideas or facts.  
+ (11) Industry.  
+ (12) Rate of progress on or completion of assignments.  
+ (13) Amount of acceptable work produced. (Is mark based on production records? Yes)  
+ (14) Ability to organize his work.  
+ (15) Effectiveness in meeting and dealing with others.  
+ (16) Cooperativeness.  
+ (17) Initiative.  
+ (18) Resourcefulness.  
+ (19) Dependability.  
+ (20) Physical fitness for the work.

- (21) Effectiveness in planning broad programs.  
----- (22) Effectiveness in adapting the work program to broader or related programs.  
----- (23) Effectiveness in devising procedures.  
----- (24) Effectiveness in laying out work and establishing standards of performance for subordinates.  
----- (25) Effectiveness in directing, reviewing, and checking the work of subordinates.  
----- (26) Effectiveness in instructing, training, and developing subordinates in the work.  
----- (27) Effectiveness in promoting high working morale.  
----- (28) Effectiveness in determining space, personnel, and equipment needs.  
----- (29) Effectiveness in setting and obtaining adherence to time limits and deadlines.  
----- (30) Ability to make decisions.  
----- (31) Effectiveness in delegating clearly defined authority to act.

STATE ANY OTHER ELEMENTS CONSIDERED

+ (A) Ability to lead and direct raids and dangerous assignments.

----- (B) file  
----- (C) file

STANDARD

Deviations must be explained on reverse side of this form

Plus marks on all underlined elements, and no minus marks.....	Adjective rating Excellent	MAR 30 1945 Rating official: <u>Excellent</u> Reviewing official: <u>80</u>
Plus marks on at least half of the underlined elements, and no minus marks.....	Very good	
Check marks or better on a majority of underlined elements, and any minus marks overcompensated by plus marks.....	Good	
Check marks or better on a majority of underlined elements, and minus marks not overcompensated by plus marks.....	Fair	
Minus marks on at least half of the underlined elements.....	Unsatisfactory.	

Rated by E. E. CONROY (Signature of rating official) Special Agent in Charge (Title) March 31, 1945 (Date)

Reviewed by [Signature] (Signature of reviewing official) Assistant Director (Title) March 23, 1945 (Date)

Rating approved by efficiency rating committee (Date) Report to employee (Adjective rating)



JAMES FIELD BLAND, SPECIAL AGENT - CAF 11  
ANNUAL EFFICIENCY REPORT AS OF MARCH 31, 1945

Special Agent James Field Bland entered on duty with the Bureau on August 25, 1941 and has been assigned to the New York Office since January 4, 1942. He is presently in grade CAF-11 earning an annual salary of \$3800.

This Agent is of medium build, is very neat in his dress and appearance, has a very pleasing personality, is a good conversationalist and has displayed initiative, resourcefulness, force and aggressiveness in the conduct of his Bureau work. He has exhibited loyalty to and interest in the Bureau.

*1-16-44 CAF 11 3800*

This Agent is considered an excellent dictator, speaks in a distinct clear manner, and his dictation is prepared in an orderly manner. He possesses a New York State automobile driver's license and is a qualified automobile driver. During the past year he has testified on November 2nd and 3rd, 1944 in the case of U. S. vs Armbruster, et al arising out of the Nazi Party investigation in the New York area at which time he was on the witness stand for a period of 42 minutes, the last seven of which were devoted to cross-examination. At that time he presented a neat appearance, exhibited no nervousness or objectionable mannerisms, and could easily be heard by all present. His general demeanor was considered excellent. Departmental Attorney Leo A. Roth stated that both he and Assistant to the Attorney General Robert Hitchcock who were in charge of the prosecution were well pleased with his testimony. He is believed capable of handling dangerous assignments. He has engaged in the past year in the apprehension of Selective Service fugitives. He has engaged in physical surveillances and has performed in a capable manner. He operates a typewriter using the touch system at a speed of 40 words per minute. He has no ability in the use of shorthand. His reports submitted have been in good form requiring little supervision and his volume of work has been considerably above average. He has had no difficulty in contacting law enforcement officials and business contacts. He approaches his work in a business-like manner and takes the initiative in organizing his investigations. He willingly accepts responsibility and discharges the same in his investigations. He has the faculty of pursuing his assignments with a minimum of supervision. This Agent is capable of performing any type of assignment which may be given to him from a physical standpoint. He is not presently exclusively assigned to a technical surveillance.

Agent Bland is qualified in the use of all Bureau firearms. His knowledge of weapons is average. He observes the safety rules strictly, his general ability is good and his marksmanship fair.

During the past year he has developed eight sources of information

SPECIAL AGENT J. F. BLAND

in addition to working on the program of the developing of Plant Informants and American Legion contacts.

He has participated readily in office activities affecting the good morale of the office.

During the past year Agent Bland has been engaged in the following types of investigations: Denaturalization Proceedings, Security Matter, Alien Enemy Control, Espionage - G, Foreign Travel Control, Falsely Claiming Citizenship, Jury investigations, Selective Service, Bribery, Perjury, Conspiracy, and Internal Security C and R cases. In previous years in the Bureau's service, this Agent has worked on general criminal investigations as well as National Defense cases involving the foregoing types of investigations as well as investigations of Sabotage, Foreign Funds and Illegal Wearing of the Uniform. It is also noted that during the past year while engaged in Selective Service investigations he participated in the investigation of the Theophrastos Delyanis-O'Grady investigation which was rather complicated with many ramifications.

I have not observed any administrative or supervisory ability on the part of this Agent, although it should be noted that during this period of time he has only been handling regular investigative work.

I believe this Agent is capable of handling dangerous assignments.

Agent Bland is entitled to a rating of Excellent in his present grade status.

FEDERAL BUREAU OF INVESTIGATION

*sl  
vaw  
cg*

rl  
Mr.  
Miss  
Mrs.

*0*  
Mr. James F. Bland

Date January 11, 1944

New appointment ☐

Transfer ☐

Promotion ☒

Separation ☐

PRESENT STATUS

1. Title: Special Agent

2. Grade: CAF 10

3. Salary: \$3500 per annum

4. Seat of Government: ☐  
Field: ☒

5. Division:

6. Appropriation: "Salaries and Expenses, FBI"  
(National Defense)

PROPOSED ACTION

7. Title: Special Agent

8. Grade: CAF 11

9. Salary: \$3800 per annum

10. Seat of Government: ☐  
Field\*: ☐

11. Division:

12. Appropriation: "Salaries and Expenses, FBI"  
(National Defense)

13. Effective: January 16, 1944

14. Position: Additional: ☒  
Vice:  
Identical:

15. Remarks:

CC: Chief, Audit Section

Mr. Tolson \_\_\_\_\_  
Mr. E. A. Clegg \_\_\_\_\_  
Mr. Clegg \_\_\_\_\_  
Mr. Coffey \_\_\_\_\_  
Mr. Glavin \_\_\_\_\_  
Mr. Ladd \_\_\_\_\_  
Mr. Nichols \_\_\_\_\_  
Mr. Rosen \_\_\_\_\_  
Mr. Tracy \_\_\_\_\_  
Mr. Acers \_\_\_\_\_  
Mr. Carson \_\_\_\_\_  
Mr. Harbo \_\_\_\_\_  
Mr. Hendon \_\_\_\_\_  
Mr. Mumford \_\_\_\_\_  
Mr. Starke \_\_\_\_\_  
Mr. Quinn Tamm \_\_\_\_\_  
Mr. Nease \_\_\_\_\_  
Miss Gandy \_\_\_\_\_

Respectfully submitted,

\_\_\_\_\_  
Director, Federal Bureau of Investigation

5 JAN 12 1944

RECEIVED

2-2

*[Signature]*

0.

JAMES F. BLAND, SPECIAL AGENT, CAF-12  
ANNUAL EFFICIENCY REPORT, MARCH 31, 1947

Special Agent James F. Bland entered on duty with the Bureau as a Special Agent on August 25, 1941 and arrived in the New York Field Division on January 4, 1942. He is presently in grade CAF-12 at a salary of \$5,905.20.

Special Agent Bland is of average height and build, dresses exceptionally neat, has a very fine personality and is well liked by his fellow employees. During the pertinent period, this agent has shown an above average amount of initiative, resourcefulness, force and aggressiveness. I consider this agent as a very capable one. He has shown a very large amount of initiative and interest in his work and has produced excellent results. He is without doubt a loyal employee.

This agent is rated as a very good dictator. He is considered as a very good driver. His Firearms Instructor has rated him as very good and further that he is capable of handling dangerous assignments. His report writing is excellent and requires no supervision. He has produced a very large volume of work. During this period he has developed nine sources of information. He is considerably above average in organizing and initiating investigations; accepts and discharges responsibility without supervision.

Prior to two months ago, this agent handled Internal Security - C and Security Matter - C investigations. Since that time this agent has been handling supervisory duties in this field division and has been approved as such by the Bureau. His work in this regard has been very satisfactory. It is noted that he has shown definite ability in handling the agents with whom he comes in contact. As a result of his duties he is alert to catch errors in reports and the like and in general has shown excellent supervisory and administrative ability.

I consider this agent EXCELLENT in his present grade.

3 APR 29 1947

JAB

67-	200486-76
Searched .....	.....
Numbered .....	16 .....
Filed .....	.....
3 APR 28 1947	
FEDERAL BUREAU OF INVESTIGATION	

ANNUAL

Form approved  
Budget Bureau No. 60-R012.2.1  
Approval expires Mar. 31, 1947.

# REPORT OF EFFICIENCY RATING

ADMINISTRATIVE-UNOFFICIAL ( )  
OFFICIAL:  
REGULAR ( X ) SPECIAL ( )  
PROBATIONAL or TRIAL PERIOD ( )

As of MARCH 31, 1947 based on performance during period from APRIL 1, 1946 to MARCH 31, 1947

JAMES F. BLAND

(Name of employee)

SPECIAL AGENT, CAF-12

(Title of position, service, and grade)

FEDERAL BUREAU OF INVESTIGATION, NEW YORK FIELD DIVISION

(Organization—Indicate bureau, division, section, unit, field station)

ON LINES BELOW MARK EMPLOYEE  ✓ if adequate - if weak + if outstanding	1. Study the instructions in the Rating Official's Guide, C. S. C. Form No. 3823A. 2. Underline the elements which are especially important in the position. 3. Rate only on elements pertinent to the position. a. Do not rate on elements in <i>italics</i> except for employees in administrative, supervisory, or planning positions. b. Rate administrative, supervisory, and planning functions on elements in <i>italics</i> .	CHECK ONE:  Administrative, supervisory, or planning..... <input checked="" type="checkbox"/> All others..... <input type="checkbox"/>
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- |   |   |
|---|---|
| <p>..... (1) Maintenance of equipment, tools, instruments.</p> <p>..... (2) Mechanical skill.</p> <p><u>+</u> (3) Skill in the application of techniques and procedures.</p> <p>..... (4) Presentability of work (appropriateness of arrangement and appearance of work).</p> <p><u>+</u> (5) Attention to broad phases of assignments.</p> <p><u>+</u> (6) Attention to pertinent detail.</p> <p>..... (7) Accuracy of operations.</p> <p><u>+</u> (8) Accuracy of final results.</p> <p><u>+</u> (9) Accuracy of judgments or decisions.</p> <p><u>+</u> (10) Effectiveness in presenting ideas or facts.</p> <p><u>+</u> (11) Industry.</p> <p><u>+</u> (12) Rate of progress on or completion of assignments.</p> <p><u>+</u> (13) Amount of acceptable work produced. (Is mark based on production records? <u>Yes</u>) (Yes or no)</p> <p><u>+</u> (14) Ability to organize his work.</p> <p><u>+</u> (15) Effectiveness in meeting and dealing with others.</p> <p><u>+</u> (16) Cooperativeness.</p> <p><u>+</u> (17) Initiative.</p> <p><u>+</u> (18) Resourcefulness.</p> <p><u>+</u> (19) Dependability.</p> <p><u>+</u> (20) Physical fitness for the work.</p> | <p><u>+</u> (21) Effectiveness in planning broad programs.</p> <p><u>+</u> (22) Effectiveness in adapting the work program to broader or related programs.</p> <p><u>+</u> (23) Effectiveness in devising procedures.</p> <p><u>+</u> (24) Effectiveness in laying out work and establishing standards of performance for subordinates.</p> <p><u>+</u> (25) Effectiveness in directing, reviewing, and checking the work of subordinates.</p> <p><u>+</u> (26) Effectiveness in instructing, training, and developing subordinates in the work.</p> <p><u>+</u> (27) Effectiveness in promoting high working morale.</p> <p><u>+</u> (28) Effectiveness in determining space, personnel, and equipment needs.</p> <p><u>+</u> (29) Effectiveness in setting and obtaining adherence to time limits and deadlines.</p> <p><u>+</u> (30) Ability to make decisions.</p> <p><u>+</u> (31) Effectiveness in delegating clearly defined authority to act.</p> |
|---|---|
- STATE ANY OTHER ELEMENTS CONSIDERED
- Ability to direct & lead a group of agents
- + (A) on raids & dangerous assignments
- Capability for additional
- + (B) responsibility
- ..... (C) .....

<p><b>STANDARD</b></p> <p>Deviations must be explained on reverse side of this form</p> <p>Plus marks on all underlined elements, and no minus marks.....</p> <p>Plus marks on at least half of the underlined elements, and no minus marks.....</p> <p>Check marks or better on a majority of underlined elements, and any minus marks overcompensated by plus marks.....</p> <p>Check marks or better on a majority of underlined elements; and minus marks not overcompensated by plus marks.....</p> <p>Minus marks on at least half of the underlined elements.....</p>	<p>Adjective rating</p> <p>Excellent</p> <p>Very good</p> <p>Good</p> <p>Fair</p> <p>Unsatisfactory</p>	<p>Adjective rating</p> <p>Rating official <u>EXCELLENT</u></p> <p>Reviewing official <u>Judge/soe</u></p>
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Rated by Edward Scheidt  
EDWARD SCHEIDT (Signature of rating official)

SPECIAL AGENT IN CHARGE  
(Title)

MARCH 31, 1947  
(Date)

Reviewed by [Signature]  
(Signature of reviewing official)

Assistant Director  
(Title)

APR 18 1947  
(Date)

Rating approved by efficiency rating committee \_\_\_\_\_ (Date) Report to employee \_\_\_\_\_ (Adjective rating)

COMMUNICATIONS SECTION  
MAILED 4  
★ NOV 5 1947 P.M.  
FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE

1 NOV 14 1947

RECORDED

1. COMMUNICATIONS SECTION
RECEIVED 11-5-47
2. TELETYPE UNIT
3. TELEPHONE UNIT
4. MAIL ROOM
5. RECORDS SECTION
6. IDENTIFICATION DIVISION
7. LABORATORY
8. TRAINING SCHOOL
9. OFFICE OF THE ATTORNEY GENERAL
10. OFFICE OF THE INSPECTOR GENERAL
11. OFFICE OF THE COMPTROLLER OF THE CURRENCY
12. OFFICE OF THE SECRETARY OF THE ARMY
13. OFFICE OF THE SECRETARY OF THE NAVY
14. OFFICE OF THE SECRETARY OF THE AIR FORCE
15. OFFICE OF THE SECRETARY OF THE DEPARTMENT OF AGRICULTURE
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99. OFFICE OF THE SECRETARY OF THE DEPARTMENT OF JUSTICE
100. OFFICE OF THE SECRETARY OF THE DEPARTMENT OF LABOR

67-200486-78
Searched.....
Numbered 51.....
Filed 45.....
5 NOV 8 1947
FEDERAL BUREAU OF INVESTIGATION

**RECORD OF PHYSICAL EXAMINATION OF OFFICERS AND SPECIAL AGENTS  
FEDERAL BUREAU OF INVESTIGATION, U. S. DEPARTMENT OF JUSTICE**

NAME BLAND, James F. AGE 30 YEARS, 5 MONTHS  
 NATIVITY (state of birth) Mo. MARRIED, SINGLE, WIDOWED: M NUMBER OF CHILDREN 2  
 FAMILY HISTORY Negative

HISTORY OF ILLNESS OR INJURY Appendectomy 27 years ago  
Ribs and collar bone right side broken 1939.

HEAD AND FACE Normal

EYES: PUPILS (size, shape, reaction to light and distance, etc.) R. to L. & A

DISTANT VISION RT. 20/20, corrected to 20/

LT. 20/20, corrected to 20/

COLOR PERCEPTION Normal A.O.C. Revised 1947

(state edition of Stilling's plates or Lamps used)

DISEASE OR ANATOMICAL DEFECTS None

EARS: HEARING RT. WHISPERED VOICE 15/15 • CONVERSATIONAL SPEECH 15/15  
 LT. WHISPERED VOICE 15/15 • CONVERSATIONAL SPEECH 15/15

DISEASE OR DEFECTS None

NOSE Negative

(Disease or anatomical defect, obstruction, etc. State degree)

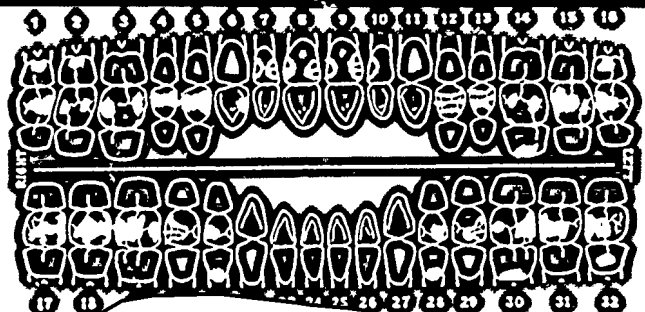
SINUSES Negative

TONGUE, PALATE, PHARYNX, LARYNX, TONSILS Tonsils surgically absent

TEETH AND GUMS (disease or anatomical defect): Normal

MISSING TEETH None  
 NONVITAL TEETH none  
 PERIAPICAL DISEASE no  
 MARKED MALOCCLUSION no  
 PYORRHEA ALVEOLARIS no  
 TEETH REPLACED BY BRIDGES none

DENTURES none  
 REMARKS none



b6  
b7c

(DC) USN

GENERAL BUILD AND APPEARANCE Medium, athletic

TEMPERATURE Normal CHEST AT EXPIRATION 37  
 HEIGHT 70 CHEST AT INSPIRATION 41 1/2  
 WEIGHT 172 CIRCUMFERENCE OF ABDOMEN AT UMBILICUS 32

RECENT GAIN OR LOSS, AMOUNT AND CAUSE None

SKIN, HAIR, AND GLANDS Normal

NECK (abnormalities, thyroid gland, trachea, larynx) Normal

SPINE AND EXTREMITIES (bones, joints, muscles, feet) Normal

THORAX (size, shape, movement, rib cage, mediastinum) Normal  
RESPIRATORY SYSTEM, BRONCHI, LUNGS, PLEURA, ETC. Normal  
Chest plate on 16 October 1947 negative

CARDIO-VASCULAR SYSTEM Normal  
HEART (note all signs of cardiac involvement) Normal

PULSE: BEFORE EXERCISE 80 BLOOD PRESSURE: SYSTOLIC 116  
AFTER EXERCISE 90 DIASTOLIC 76  
THREE MINUTES AFTER 84  
CONDITION OF ARTERIES Normal CHARACTER OF PULSE Normal  
CONDITION OF VEINS Normal HEMORRHOIDS None

ABDOMEN AND PELVIS (condition of wall, scars, herniae, abnormality of viscera) Normal

GENITO-URINARY SYSTEM Normal  
URINALYSIS: SP. GR. 1.025 ALB. Neg. SUGAR Neg. MICROSCOPICAL Neg.  
VENEREAL DISEASE None evident

NERVOUS SYSTEM Normal  
(organic or functional disorders)  
ROMBERG Negative INCOORDINATION (gait, speech) None  
REFLEXES, SUPERFICIAL Normal DEEP (knee, ankle, elbow) Normal TREMORS None  
SEROLOGICAL TESTS Blood Kahn negative BLOOD TYPE  
ABNORMAL PSYCHE (neurasthenia, psychasthenia, depression, instability, worries)  
None apparent

SMALLPOX VACCINATION: DATE OF LAST VACCINATION

TYPHOID PROPHYLAXIS: NUMBER OF COURSES

DATE OF LAST COURSE

REMARKS ON ABNORMALITIES NOT OTHERWISE NOTED OR SUFFICIENTLY DESCRIBED ABOVE

SUMMARY OF DEFECTS none

CAPABLE OF PERFORMING DUTIES INVOLVING Maximal PHYSICAL EXERTION

IS THIS INDIVIDUAL PHYSICALLY FIT TO PARTICIPATE IN RAIDS AND APPREHENSION OF CRIMINALS  
WHICH MIGHT ENTAIL THE PRACTICAL USE OF FIREARMS Yes (yes or no)  
(when no is given state cause)

FINDINGS, RECOMMENDATIONS AND REMARKS (as per boards, when necessary) none

LTJg (MC) USNR.

LTJg (MC) USNR.

DATE OF EXAMINATION 10-16-47



U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

WASHINGTON 25, D. C.

Prepared by  
Checked by  
Filed by

RT. JAMES F. BLAND

MR. James F. Bland  
PERIODIC PAY INCREASE

Date  
August 13, 1947

Personnel Action Number  
F.B.I. - 2534 0924  
Legal Authority

Nature  
of Action

Effective : September 7, 1947

Position

FROM  
Special Agent

TO

Grade

CAP 12  
\$5505.20

RECD  
\$6144.60

Salary

Division

and

Section

Headquarters

Appropriations

S & E, F.B.I.

S & E, F.B.I.

Departmental  
or Field

Dept.

Field

Dept.

Field

NATURE OF POSITION

a. VICE

b. ADDITIONAL IDENTICAL

c. NEW

P. C. NO.

P. C. NO.

P. C. NO.

Date of Birth

Date of Oath

REMARKS

From. under the Auto. Prom. Table Dill, Public  
Law 520 as amended 6/30/45. Prom. from  
\$4520 in CAP 11 to \$5120 in CAP 12, eff. 2/24/46.  
DGI to \$5505.00 eff. 7/1/46.

AUG 27 1947  
TEG

67-401 RECORDED  
FBI

Handwritten signature and initials.

0

JAMES F. BLAND, SPECIAL AGENT, CAF-12  
ANNUAL EFFICIENCY REPORT, MARCH 31, 1948

Special Agent James F. Bland entered on duty with the Bureau as a Special Agent on August 25th, 1941, and arrived in the New York Field Division on January 4th, 1942. He is presently in grade CAF-12 at a salary of \$6,144.60 per annum.

During the pertinent period, this agent has been assigned as an assistant supervisor on the section handling Communist and loyalty investigations. His major duties for the past two months have been supervising the loyalty investigations. He has done an excellent job in this respect. Among his outstanding abilities is the way he organizes the work, his clarity in issuing instructions, his excellent judgment, and the way he handles the agents. Further, he has shown an excellent amount of initiative, resourcefulness, force and aggressiveness. He has been extremely industrious and has put in considerable voluntary overtime in connection with his assignment. He is a very enthusiastic worker and is very well liked by his fellow agents. He has an excellent personality. He has the ability of producing a very high volume of work.

This agent is rated as an excellent dictator. His firearms record reflects that he is entitled to the general rating of excellent, and that he is capable of handling dangerous assignments.

I believe that this agent has shown very definite ability along administrative and supervisory lines. He renders quick and accurate decisions.

I consider this agent to be EXCELLENT in his present grade.

8 APR 26 1948  
RECORDED

67-200486-79	
Searched	.....
Numbered	65
Filed	91
3 APR 13 1948	
FEDERAL BUREAU OF INVESTIGATION	

THREE  
2

ANNUAL

# REPORT OF EFFICIENCY RATING

ADMINISTRATIVE-UNOFFICIAL ( )  
OFFICIAL:  
REGULAR (X) SPECIAL ( )  
PROBATIONAL or TRIAL PERIOD ( )

As of March 31, 1948 based on performance during period from April 1, 1947 to March 31, 1948

JAMES F. BLAND

(Name of employee)

Special Agent, CAF-12

(Title of position, service, and grade)

Federal Bureau of Investigation, New York Field Division

(Organization—Indicate bureau, division, section, unit, field station)

ON LINES BELOW MARK EMPLOYEE	1. Study the instructions in the Rating Official's Guide, C. S. C. Form No. 3823A. 2. Underline the elements which are especially important in the position. 3. Rate only on elements pertinent to the position. a. Do not rate on elements in <i>italics</i> except for employees in administrative, supervisory, or planning positions. b. Rate administrative, supervisory, and planning functions on elements in <i>italics</i> .	CHECK ONE: Administrative, supervisory, or planning <input checked="" type="checkbox"/> All others <input type="checkbox"/>
<input checked="" type="checkbox"/> if adequate		
<input type="checkbox"/> if weak		
<input checked="" type="checkbox"/> if outstanding		
<input type="checkbox"/> (1) Maintenance of equipment, tools, instruments.	<input checked="" type="checkbox"/> (21) Effectiveness in planning broad programs.	
<input checked="" type="checkbox"/> (2) Mechanical skill.	<input checked="" type="checkbox"/> (22) Effectiveness in adapting the work program to broader or related programs.	
<input checked="" type="checkbox"/> (3) Skill in the application of techniques and procedures.	<input checked="" type="checkbox"/> (23) Effectiveness in devising procedures.	
<input type="checkbox"/> (4) Presentability of work (appropriateness of arrangement and appearance of work).	<input checked="" type="checkbox"/> (24) Effectiveness in laying out work and establishing standards of performance for subordinates.	
<input checked="" type="checkbox"/> (5) Attention to broad phases of assignments.	<input checked="" type="checkbox"/> (25) Effectiveness in directing, reviewing, and checking the work of subordinates.	
<input checked="" type="checkbox"/> (6) Attention to pertinent detail.	<input checked="" type="checkbox"/> (26) Effectiveness in instructing, training, and developing subordinates in the work.	
<input type="checkbox"/> (7) Accuracy of operations.	<input checked="" type="checkbox"/> (27) Effectiveness in promoting high working morale.	
<input checked="" type="checkbox"/> (8) Accuracy of final results.	<input checked="" type="checkbox"/> (28) Effectiveness in determining space, personnel, and equipment needs.	
<input checked="" type="checkbox"/> (9) Accuracy of judgments or decisions.	<input checked="" type="checkbox"/> (29) Effectiveness in setting and obtaining adherence to time limits and deadlines.	
<input checked="" type="checkbox"/> (10) Effectiveness in presenting ideas or facts.	<input checked="" type="checkbox"/> (30) Ability to make decisions.	
<input checked="" type="checkbox"/> (11) Industry.	<input checked="" type="checkbox"/> (31) Effectiveness in delegating clearly defined authority to act.	
<input checked="" type="checkbox"/> (12) Rate of progress on or completion of assignments.		
<input checked="" type="checkbox"/> (13) Amount of acceptable work produced. (Is mark based on production records? <u>No.</u> ) (Yes or no)		
<input checked="" type="checkbox"/> (14) Ability to organize his work.		
<input checked="" type="checkbox"/> (15) Effectiveness in meeting and dealing with others.		
<input checked="" type="checkbox"/> (16) Cooperativeness.		
<input checked="" type="checkbox"/> (17) Initiative.		
<input checked="" type="checkbox"/> (18) Resourcefulness.		
<input checked="" type="checkbox"/> (19) Dependability.		
<input checked="" type="checkbox"/> (20) Physical fitness for the work.		

STATE ANY OTHER ELEMENTS CONSIDERED

☒ (A) Capability for additional responsibility.  
☐ (B) \_\_\_\_\_  
☐ (C) \_\_\_\_\_

STANDARD Deviations must be explained on reverse side of this form		Adjective rating
Plus marks on all underlined elements, and no minus marks.	Excellent	Rating official <u>EXCELLENT</u>
Plus marks on at least half of the underlined elements, and no minus marks.	Very good	
Check marks or better on a majority of underlined elements, and any minus marks overcompensated by plus marks.	Good	Reviewing official _____
Check marks or better on a majority of underlined elements, and minus marks not overcompensated by plus marks.	Fair	
Minus marks on at least half of the underlined elements.	Unsatisfactory	

Rated by Edward Schmitt Special Agent in Charge 3-30-48  
(Signature of rating official) (Date)  
Reviewed by W. R. Glavin Assistant Director, Federal Bureau of Investigation 4-17-48  
(Signature of reviewing official) (Title) (Date)

Rating approved by efficiency rating committee \_\_\_\_\_ Report to employee \_\_\_\_\_  
(Date) (Adjective rating)

July 21, 1948

Mr. James F. Bland  
Federal Bureau of Investigation  
United States Department of Justice  
New York, New York

Dear Mr. Bland:

The fine work you performed and the excellent attitude displayed by you in expediting certain work in connection with the Loyalty Program has been brought to my attention.

I was most pleased to learn of your service in this instance and do want to express to you my personal appreciation for your efforts.

Sincerely,  
J. Edgar Hoover

RECORDED  
JUL 30 1948  
EX-200476-80

CC: SAC, NEW YORK (P & C)  
CLT:mjr

mjr

- Mr. Tolson
- Mr. E. A. Tamm
- Mr. Clegg
- Mr. Glavin
- Mr. Ladd
- Mr. Nichols
- Mr. Rosen
- Mr. Tracy
- Mr. Egan
- Mr. Gurnea
- Mr. Harbo
- Mr. Mohr
- Mr. Pennington
- Mr. Quinn Tamm
- Tele. Room
- Mr. Nease
- Miss Gandy

RECEIVED  
JUL 26 1948  
U.S. DEPT. OF JUSTICE  
COMMUNICATIONS SECTION

JUL 21 3 10 PM '48  
U.S. DEPT. OF JUSTICE

82

ANNUAL  
REPORT OF  
EFFICIENCY RATING

ADMINISTRATIVE-UNOFFICIAL ( )  
OFFICIAL: (X)  
REGULAR (X) SPECIAL ( )  
PROBATIONAL or TRIAL PERIOD ( )

As of 3-31-49 based on performance during period from 9-16-48 to 3-31-49

JAMES F. BLAND 077424 SPECIAL AGENT, CAF-12  
(Name of employee) (Title of position, service, and grade)

FEDERAL BUREAU OF INVESTIGATION, ST. LOUIS DIVISION  
(Organization—Indicate bureau, division, section, unit, field station)

ON LINES BELOW MARK EMPLOYEE ✓ if adequate - if weak + if outstanding	1. Study the instructions in the Rating Official's Guide, C. S. C. Form No. 3823A. 2. Underline the elements which are especially important in the position. 3. Rate only on elements pertinent to the position. a. Do not rate on elements in <i>italics</i> except for employees in administrative, supervisory, or planning positions. b. Rate administrative, supervisory, and planning functions on elements in <i>italics</i> .	CHECK ONE: Administrative, supervisory, or planning <input type="checkbox"/> All others <input checked="" type="checkbox"/>
---	---	---

- \_\_\_\_\_ (1) Maintenance of equipment, tools, instruments.
- \_\_\_\_\_ (2) Mechanical skill.
- + (3) Skill in the application of techniques and procedures.
- \_\_\_\_\_ (4) Presentability of work (appropriateness of arrangement and appearance of work).
- + (5) Attention to broad phases of assignments.
- + (6) Attention to pertinent detail.
- \_\_\_\_\_ (7) Accuracy of operations.
- + (8) Accuracy of final results.
- + (9) Accuracy of judgments or decisions.
- + (10) Effectiveness in presenting ideas or facts.
- + (11) Industry.
- + (12) Rate of progress on or completion of assignments.
- + (13) Amount of acceptable work produced. (Is mark based on production records? Yes)
- + (14) Ability to organize his work.
- \_\_\_\_\_ (15) Effectiveness in meeting and dealing with others.
- + (16) Cooperativeness.
- + (17) Initiative.
- + (18) Resourcefulness.
- + (19) Dependability.
- + (20) Physical fitness for the work.

- \_\_\_\_\_ (21) Effectiveness in planning broad programs.
- \_\_\_\_\_ (22) Effectiveness in adapting the work program to broader or related programs.
- \_\_\_\_\_ (23) Effectiveness in devising procedures.
- \_\_\_\_\_ (24) Effectiveness in laying out work and establishing standards of performance for subordinates.
- \_\_\_\_\_ (25) Effectiveness in directing, reviewing, and checking the work of subordinates.
- \_\_\_\_\_ (26) Effectiveness in instructing, training, and developing subordinates in the work.
- \_\_\_\_\_ (27) Effectiveness in promoting high working morale.
- \_\_\_\_\_ (28) Effectiveness in determining space, personnel, and equipment needs.
- \_\_\_\_\_ (29) Effectiveness in setting and obtaining adherence to time limits and deadlines.
- \_\_\_\_\_ (30) Ability to make decisions.
- \_\_\_\_\_ (31) Effectiveness in delegating clearly defined authority to act.

STATE ANY OTHER ELEMENTS CONSIDERED

+ (A) Capability for additional responsibility.  
(B)

67-200486-88

STANDARD Deviations must be explained on reverse side of this form	Searched _____ Numbered _____ Filed <u>31</u> Adjective rating: <u>Excellent</u> Rating: <u>Excellent</u> Official: <u>EXCELLENT</u>	Adjective rating: <u>EXCELLENT</u>
Plus marks on all underlined elements, and no minus marks.	<u>3</u> <u>APR 19 1949</u>	
Plus marks on at least half of the underlined elements, and no minus marks.	<u>Very good</u>	
Check marks or better on a majority of underlined elements, and any minus marks overcompensated by plus marks.	<u>Good</u>	
Check marks or better on a majority of underlined elements, and minus marks not overcompensated by plus marks.	<u>Fair</u>	
Minus marks on at least half of the underlined elements.	<u>Unsatisfactory</u>	

Rated by [Signature] SAC 4-7-49  
(Signature of rating official) (Title) (Date)  
Reviewed by [Signature] Assistant Director 5-6-49  
(Signature of reviewing official) (Title) (Date)

Rating approved by efficiency rating committee \_\_\_\_\_ Report to employee \_\_\_\_\_  
(Date) (Adjective rating)

St. Louis, Missouri  
March 31, 1949

RE: JAMES F. BLAND  
Special Agent  
Annual Efficiency Rating

James F. Bland entered upon duty in the Bureau as a Special Agent on August 25, 1941. He has been assigned to the Newark and New York City Offices prior to his arrival in St. Louis on October 10, 1948. His present salary is \$6714.00 per annum.

His assignments in St. Louis have been on the Communist Squad with the exception of some assignments of general criminal investigative work. He has an excellent knowledge of the duties of his position and performs his work in a very efficient manner. He is a Relief Supervisor in this office.

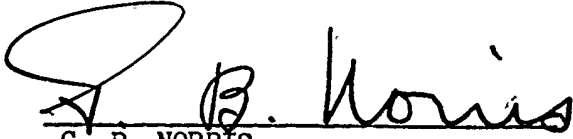
Prior to his arrival here, he did supervisory work in Loyalty Cases in the New York City Office and his file indicates that he handled such work in an excellent manner.

He has very good dictation ability and is a good automobile driver. He has participated in dangerous assignments and physical surveillances and handles this work very efficiently. He operates the typewriter but does not have shorthand ability. His reports are always prepared and submitted in good logical order.

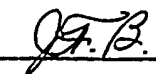
*J. W. Condy*  
Since his arrival here he has made good contacts with law enforcement officials and others in this Division. He uses initiative and resourcefulness in the performance of his duties. He readily accepts the responsibility of his assignments and requires very little supervision in the handling of his work. He is a very good witness.

It is my opinion that he does have supervisory ability, however, he has not as yet qualified himself for the position of SAC or ASAC.

Because of his industry, loyalty and efficiency in the performance of his duties, I regard him as excellent in CAF-12.

  
G. B. NORRIS  
SAC

GBN:mvr

  
Employee's Initials

U. S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

Prepared by:  
Checked by:  
Filed by:

MR. JAMES P. BLAND  
MR. JAMES F. BLAND  
PERIODIC PAY INCREASE

WASHINGTON 25, D. C.

F. BLAND

Date  
March 21, 1949  
Personnel Action Number  
F. B. I. - 30045  
Legal Authority

Nature of Action

Effective

March 23, 1949

Position

Special Agent

Grade

CAP 12  
\$6474.00

Salary

from  
\$6714

Division

and

Section

Headquarters

Appropriations

S & E, F.B.I.

S & E, F.B.I.

Departmental or Field

Dept.

Field ☒ Dept.

Field ☐

NATURE OF POSITION

a. VICE	b. ADDITIONAL IDENTICAL	c. NEW
P. C. NO.	P. C. NO.	P. C. NO.
Date of Birth		Date of Oath

REMARKS

From. under the Auto. Prom. Bill, Public Law 750 as amended C-90-45. From. under the same Bill from \$6345.00 to \$6474.00 in CAP 12 off. 9-7-47. Last efficiency rating - EXCELLENT - Approved Rating Committee 4-17-47.

*Jmr/jm*

*[Signature]*

*[Signature]*

U. S. DEPARTMENT OF JUSTICE  
**FEDERAL BUREAU OF INVESTIGATION**  
WASHINGTON 25, D. C.

FORM APPROVED  
BUDGET BUREAU NO. 50-R064

NOTIFICATION OF PERSONNEL ACTION

prepared by  
checked by  
filed by

1. NAME (MR. - MISS - MRS. - FIRST - MIDDLE INITIAL - LAST) <b>MR. JAMES F. BLAND</b> <b>12. JAMES F. BLAND</b>		2. DATE OF BIRTH <b>5-6-17</b>	3. JOURNAL OR ACTION NO. <b>F.B.I. # 3331 2631</b>	4. DATE <b>9-15-50</b>
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>PROMOTION FROM INITIAL</b>		6. EFFECTIVE DATE <b>9-17-50</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY	
FROM <b>Special Agent</b> <b>GS 12</b> <b>\$6000 per annum</b>		8. POSITION TITLE	TO	
		9. SERVICE, GRADE, SALARY	<b>GS 12</b> <b>\$7000 per annum</b>	
		10. ORGANIZATIONAL DESIGNATIONS		
		11. HEADQUARTERS		
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPT'L	<input type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL	
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION		
NONE <input type="checkbox"/> 5 PT. <input type="checkbox"/> 10 POINT <input type="checkbox"/> WWII <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/>		NEW <input type="checkbox"/> VICE <input type="checkbox"/> 1. A. <input type="checkbox"/> REAL <input type="checkbox"/>		
15. SEX <input type="checkbox"/>	16. RACE <input type="checkbox"/>	17. APPROPRIATION S. & E., FBI FROM: <b>CCNY</b> TO:		18. SUBJECT TO C. S. RETIREMENT ACT. (YES-NO) <b>Yes</b>
		19. DATE OF OATH (ACCESSIONS ONLY)		20. LEGAL RESIDENCE <b>90</b>
REMARKS  <b>From. under the Auto. Prom. Bill, 5th Public Law 1003 as amended 6-30-49.</b> <b>From. under the same Bill from \$6474.60 to \$7014 in CAP 12 off. 3-20-49.</b> <b>Last efficiency rating - EXCELLENT - Approved Rating Committee 4-22-50.</b>				
SIGNATURE OR OTHER AUTHENTICATION				



ANNUAL  
REPORT OF  
EFFICIENCY RATING

ADMINISTRATIVE-UNOFFICIAL ( )  
OFFICIAL:  
REGULAR (X) SPECIAL ( )  
PROBATIONAL ( )

As of 3-31-50 based on performance during period from 3-31-49 to 3-31-50

JAMES F. BLAND  
(Name of employee)

SPECIAL AGENT, GS-12  
(Title of position, service, and grade)

FEDERAL BUREAU OF INVESTIGATION, ST. LOUIS DIVISION  
(Organization—Indicate bureau, division, section, unit, field station)

ON LINES BELOW MARK EMPLOYEE  ✓ if adequate — if weak + if outstanding	1. Study the instructions in the Rating Official's Guide, C. S. C. Form No. 3823A. 2. Underline the elements which are especially important in the position. 3. Rate only on elements pertinent to the position. a. Do not rate on elements in <i>italics</i> except for employees in administrative, supervisory, or planning positions. b. Rate administrative, supervisory, and planning functions on elements in <i>italics</i> .	CHECK ONE:  Administrative, supervisory, or planning <input checked="" type="checkbox"/> All others <input checked="" type="checkbox"/>
---	---	--

- (1) Maintenance of equipment, tools, instruments.
- (2) Mechanical skill.
- + (3) Skill in the application of techniques and procedures.
- (4) Presentability of work (appropriateness of arrangement and appearance of work).
- + (5) Attention to broad phases of assignments.
- + (6) Attention to pertinent detail.
- (7) Accuracy of operations.
- + (8) Accuracy of final results.
- + (9) Accuracy of judgments or decisions.
- + (10) Effectiveness in presenting ideas or facts.
- + (11) Industry.
- + (12) Rate of progress on or completion of assignments.
- + (13) Amount of acceptable work produced. (Is mark based on production records? (Yes or no))
- + (14) Ability to organize his work.
- + (15) Effectiveness in meeting and dealing with others.
- + (16) Cooperativeness.
- + (17) Initiative.
- + (18) Resourcefulness.
- + (19) Dependability.
- + (20) Physical fitness for the work.

- + (21) Effectiveness in planning broad programs.
- + (22) Effectiveness in adapting the work program to broader or related programs.
- + (23) Effectiveness in devising procedures.
- + (24) Effectiveness in laying out work and establishing standards of performance for subordinates.
- + (25) Effectiveness in directing, reviewing, and checking the work of subordinates.
- + (26) Effectiveness in instructing, training, and developing subordinates in the work.
- + (27) Effectiveness in promoting high working morale.
- + (28) Effectiveness in determining space, personnel, and equipment needs.
- + (29) Effectiveness in setting and obtaining adherence to time limits and deadlines.
- + (30) Ability to make decisions.
- + (31) Effectiveness in delegating clearly defined authority to act.

STATE ANY OTHER ELEMENTS CONSIDERED

+ (A) Capability for additional responsibility.

— (B)

— (C)

STANDARD

Deviations must be explained on reverse side of this form

Plus marks on all underlined elements, and check marks or better on all other elements rated.  
Check marks or better on all elements rated, and plus marks on at least half of the underlined elements.  
Check marks or better on a majority of underlined elements, and all weak performance overcompensated by outstanding performance.  
Check marks or better on a majority of underlined elements, and all weak performance not overcompensated by outstanding performance.  
Minus marks on at least half of the underlined elements.

Adjective Rating  
Excellent  
Very Good  
Good  
Fair  
Unsatisfactory

Rating official  
EXCELLENT  
ICE  
Reviewing official  
20 APR 1950

Rated by A. B. Morris  
(Signature of rating official)

SAC  
(Title)  
Assistant Director  
Federal Bureau of Investigation  
(Title)

4-13-50  
(Date)

Reviewed by W. V. Gavin  
(Signature of reviewing official)

4/25/50  
(Date)

Rating approved by efficiency rating committee 4/25/50  
(Date)

Report to employee EXCELLENT  
(Adjective rating)

St. Louis, Missouri  
April 13, 1950

RE: JAMES F. BLAND  
SPECIAL AGENT  
ANNUAL EFFICIENCY RATING

James F. Bland entered upon duty in the Bureau as a Special Agent on August 25, 1941. He has been assigned to the Newark and New York City Offices prior to his arrival in St. Louis on October 10, 1948. His present salary is \$6800 per annum.


Special Agent Bland is a supervisor in the St. Louis Division. He has a very pleasing personality, good physical appearance and dresses very neatly. He gets along well with his associates both in and out of the Bureau. Since his arrival here he has for a short time worked on general investigative work, as well as internal security work. However, later he was authorized as a supervisor in this division.

He has participated in dangerous assignments in this division and handles this work in a very efficient manner. He has performed his duties on physical surveillances in an excellent manner. His reports are submitted in good logical order.

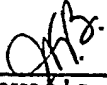
He is a native of Missouri and as a result has used this in making good contacts in the St. Louis Division. He has excellent contacts with law enforcement officials and also business contacts. He always uses initiative in his work and he always organizes his work well. He is a good witness and is always available for general and special assignment.

It is my belief that he has supervisory ability and would be good material for development as Assistant Special Agent in Charge, however, at the present time he has a family problem which would cause him sacrifice in the event he was transferred from this division at this time.

Because of his ability, enthusiasm and the intelligent manner in which he handles his duties, I regard him as excellent in Grade GS-12.

  
G. B. NORRIS  
SAC

GBN:mw

  
Employee's Initials

# REPORT OF EFFICIENCY RATING

ADMINISTRATIVE-UNOFFICIAL ( )  
OFFICIAL:  
REGULAR ( X ) SPECIAL ( )  
PROBATIONAL ( )

As of 10-27-50 based on performance during period from 3-31-50 to 10-27-50

JAMES F. BLAND

(Name of employee)

SPECIAL AGENT GS-12

(Title of position, service, and grade)

FEDERAL BUREAU OF INVESTIGATION, ST. LOUIS DIVISION

(Organization—Indicate bureau, division, section, unit, field station)

ON LINES BELOW MARK EMPLOYEE  ✓ if adequate — if weak + if outstanding	1. Study the instructions in the Rating Official's Guide, C. S. C. Form No. 3823A. 2. Underline the elements which are especially important in the position. 3. Rate only on elements pertinent to the position. a. Do not rate on elements in <i>italics</i> except for employees in administrative, supervisory, or planning positions. b. Rate administrative, supervisory, and planning functions on elements in <i>italics</i> .	CHECK ONE:  Administrative, supervisory, or planning <input checked="" type="checkbox"/>  All others <input type="checkbox"/>
---	---	---

- |  |  |
|--|--|
| <p>— (1) Maintenance of equipment, tools, instruments.<br/>— (2) Mechanical skill.<br/>+ (3) Skill in the application of techniques and procedures.<br/>— (4) Presentability of work (appropriateness of arrangement and appearance of work).<br/>+ (5) Attention to broad phases of assignments.<br/>+ (6) Attention to pertinent detail.<br/>— (7) Accuracy of operations.<br/>+ (8) Accuracy of final results.<br/>+ (9) Accuracy of judgments or decisions.<br/>+ (10) Effectiveness in presenting ideas or facts.<br/>+ (11) Industry.<br/>+ (12) Rate of progress on or completion of assignments.<br/>+ (13) Amount of acceptable work produced. (Is mark based on production records? <u>Yes or no</u>)<br/>+ (14) Ability to organize his work.<br/>+ (15) Effectiveness in meeting and dealing with others.<br/>+ (16) Cooperativeness.<br/>+ (17) Initiative.<br/>+ (18) Resourcefulness.<br/>+ (19) Dependability.<br/>+ (20) Physical fitness for the work.</p> | <p>+ (21) Effectiveness in planning broad programs.<br/>+ (22) Effectiveness in adapting the work program to broader or related programs.<br/>+ (23) Effectiveness in devising procedures.<br/>+ (24) Effectiveness in laying out work and establishing standards of performance for subordinates.<br/>+ (25) Effectiveness in directing, reviewing, and checking the work of subordinates.<br/>+ (26) Effectiveness in instructing, training, and developing subordinates in the work.<br/>+ (27) Effectiveness in promoting high working morale.<br/>+ (28) Effectiveness in determining space, personnel, and equipment needs.<br/>+ (29) Effectiveness in setting and obtaining adherence to time limits and deadlines.<br/>+ (30) Ability to make decisions.<br/>+ (31) Effectiveness in delegating clearly defined authority to act.</p> |
|--|--|

RECORDED

STATE ANY OTHER ELEMENTS CONSIDERED

- + (A) Capability for additional responsibility. 63  
— (B) 67  
— (C) 67

STANDARD  
Deviations must be explained on reverse side of this form

Plus marks on all underlined elements, and check marks or better on all other elements rated.  
Check marks or better on all elements rated, and plus marks on at least half of the underlined elements.  
Check marks or better on a majority of underlined elements, and all weak performance overcompensated by outstanding performance.  
Check marks or better on a majority of underlined elements, and all weak performance not overcompensated by outstanding performance.  
Minus marks on at least half of the underlined elements.

Adjective Rating.  
Excellent  
Very Good  
Good  
Fair  
Unsatisfactory

Rating official EXCELLENT

Reviewing official [Signature]

Rated by [Signature]

(Signature of rating official)

SAC  
(Title)

10-27-50  
(Date)

Reviewed by [Signature]

(Signature of reviewing official)

(Title)

(Date)

Rating approved by efficiency rating committee (Date)

Report to employee (Adjective rating)

St. Louis, Missouri  
October 27, 1950

RE: JAMES F. BLAND  
SPECIAL AGENT

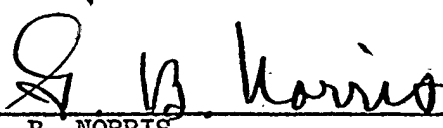
Special Agent James F. Bland entered upon duty in the Bureau as an Agent on August 25, 1941. He has been assigned to the Newark and New York City Offices prior to his arrival in St. Louis on October 10, 1948. He is presently under transfer to the Seat of Government. His present salary is \$7000 per annum. ✓

Special Agent Bland has a very pleasing personality, good physical appearance and dresses very neatly. He is well liked by his associates in this office. He has been a full time supervisor in this office since May, 1949, and is very efficient in the performance of his duties. Prior to the time he was authorized as a supervisor, he worked on general investigative work as well as internal security cases. ✓

He has very good dictation ability and is a good witness. He is a native of Missouri and this has aided him in making some excellent contacts with business men as well as with law enforcement officials. He always uses initiative in his work, is resourceful and organizes his work well. He has participated in dangerous assignments in this division and handles this work in a very efficient manner. He has also participated in physical surveillances and performs this work in an excellent manner. ✓

He has supervisory ability and should develop in such a manner as to make him capable of performing the duties of Assistant Special Agent in Charge. His work here has been excellent. ✓

Because of his enthusiasm, loyalty, industry and the intelligent manner in which he performs his duties, I regard him as excellent in GS-12. ✓

  
G. B. NORRIS  
SAC

GBN:MW

  
Employee's Initials

RECORD OF PHYSICAL EXAMINATION OF OFFICERS AND SPECIAL AGENTS  
FEDERAL BUREAU OF INVESTIGATION, U. S. DEPARTMENT OF JUSTICE

CC-270  
(1-1-50)

NAME BLAND, James Field AGE 33 YEARS, 6 MONTHS  
NATIVITY (state of birth) Missouri MARRIED, SINGLE, WIDOWED Married NUMBER OF CHILDREN 3  
FAMILY HISTORY Parents living and well. No siblings.

HISTORY OF ILLNESS OR INJURY UCD: Tonsils 1935, appendix 1920; left leg broken 1919; right arm broken 1929; shoulder blade - ribs right side fractured both front and back 1939.

HEAD AND FACE Normal

EYES: PUPILS (size, shape, reaction to light and distance, etc.) Normal

DISTANT VISION RT. 20/ 20, corrected to 20/

LT. 20/ 20, corrected to 20/

COLOR PERCEPTION Normal AOC 1940

(state edition of Stilling's plates or Lamps used)

DISEASE OR ANATOMICAL DEFECTS normal

EARS: HEARING RT. WHISPERED VOICE 15 /15' CONVERSATIONAL SPEECH /15'

LT. WHISPERED VOICE 15 /15' CONVERSATIONAL SPEECH /15'

DISEASE OR DEFECTS normal

NOSE normal

(Disease or anatomical defect, obstruction, etc. State degree)

SINUSES normal

TONGUE, PALATE, PHARYNX, LARYNX, TONSILS Tonsils surgically absent

TEETH AND GUMS (disease or anatomical defect):

MISSING TEETH As indicated

NONVITAL TEETH #4

PERIAPICAL DISEASE

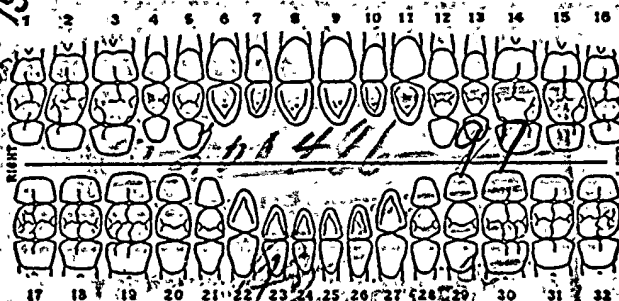
MARKED MALOCCLUSION

PYORRHEA ALVEOLARIS

TEETH REPLACED BY BRIDGES

DENTURES

REMARKS



Cdr DC USN

(Signature of Dental Officer)

GENERAL BUILD AND APPEARANCE Average healthy

TEMPERATURE

CHEST AT EXPIRATION

39

HEIGHT 69"

CHEST AT INSPIRATION

41

WEIGHT 180

CIRCUMFERENCE OF ABDOMEN AT UMBILICUS

36 1/2

RECENT GAIN OR LOSS, AMOUNT AND CAUSE

none

SKIN, HAIR, AND GLANDS

normal

NECK (abnormalities, thyroid gland, trachea, larynx)

normal

SPINE AND EXTREMITIES (bones, joints, muscles, feet) normal & supple

*3 w/ 7 mm*

THORAX (size, shape, movement of cage, mediastinum) normal  
RESPIRATORY SYSTEM, BRONCHI, LUNGS, PLEURA, ETC. normal  
Chest x-ray neg.  
CARDIO-VASCULAR SYSTEM normal  
HEART (note all signs of cardiac involvement) normal  
PULSE: BEFORE EXERCISE 80 BLOOD PRESSURE: SYSTOLIC 108  
AFTER EXERCISE 96 DIASTOLIC 74  
THREE MINUTES AFTER 72  
CONDITION OF ARTERIES Normal CHARACTER OF PULSE Regular  
CONDITION OF VEINS Normal HEMORRHOIDS negative

ABDOMEN AND PELVIS (condition of wall, scars, herniae, abnormality of viscera) Healed R L Q surgical scar.

GENITO-URINARY SYSTEM normal  
URINALYSIS: SP. GR. 1.022 ALB. neg. SUGAR neg. MICROSCOPICAL neg.  
VENEREAL DISEASE denies.

NERVOUS SYSTEM negative  
(organic or functional disorders)  
ROMBERG negative INCOORDINATION (gait, speech) neg.  
REFLEXES, SUPERFICIAL normal DEEP (knee, ankle, elbow) neg. TREMORS neg.  
SEROLOGICAL TESTS Kahn-neg. BLOOD TYPE O Rh /  
ABNORMAL PSYCHE (neurasthenia, psychasthenia, depression, instability, worries) negative

SMALLPOX VACCINATION: DATE OF LAST VACCINATION 1938  
TYPHOID PROPHYLAXIS: NUMBER OF COURSES 1943  
DATE OF LAST COURSE 1943

REMARKS ON ABNORMALITIES NOT OTHERWISE NOTED OR SUFFICIENTLY DESCRIBED ABOVE

SUMMARY OF DEFECTS See dental report

CAPABLE OF PERFORMING DUTIES INVOLVING Strenuous PHYSICAL EXERTION

IS THIS INDIVIDUAL PHYSICALLY FIT TO PARTICIPATE IN RAIDS AND APPREHENSION OF CRIMINALS WHICH MIGHT ENTAIL THE PRACTICAL USE OF FIREARMS Yes (yes or no)  
(when no. is given state cause)

FINDINGS, RECOMMENDATIONS AND REMARKS (as per boards, when necessary)

DATE OF EXAMINATION 11-24-50

EMPLOYEE'S INITIALS

Cdr (MC) USN

12-16-50

Mr. James F. Dland  
Federal Bureau of Investigation  
Washington, D. C.

It is indeed a pleasure for me to have this opportunity to extend to you my heartfelt congratulations and present to you the enclosed Ten-Year Service Award Key on the occasion of your Tenth Anniversary with the FDI today.

I sincerely hope that the Bureau will have the benefit of many more years of such energy and devoted service.

Tolson \_\_\_\_\_  
Ladd \_\_\_\_\_  
Clegg \_\_\_\_\_  
Glavin \_\_\_\_\_  
Nichols \_\_\_\_\_  
Rosen \_\_\_\_\_  
Tracy \_\_\_\_\_  
Harbo \_\_\_\_\_  
Alden \_\_\_\_\_  
Belmont \_\_\_\_\_  
Laughlin \_\_\_\_\_  
Mohr \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Nease \_\_\_\_\_  
Gandy \_\_\_\_\_

Letter fwd to  
Mr. Belmont  
by Spec Messenger  
12.3.51 ake.

cc - Mr. Belmont  
Mr. Faulkner

NPC: a/c

December 19, 1950

PERSONAL AND CONFIDENTIAL

0  
Mr. James F. Bland  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Bland:

The Bureau is in receipt of the report of the physical examination afforded you at the United States Naval Hospital, Bethesda, Maryland, on November 24, 1950.

This report reflects that you have no disqualifying physical defects.

The Board of Examining Physicians of the United States Naval Hospital reports that you are capable of performing strenuous physical exertion and have no physical defects that would interfere with your participation in raids or other work involving the practical use of firearms.

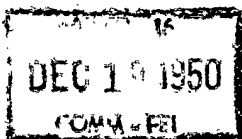
Sincerely yours,

*J. E. Hoover*  
John Edgar Hoover  
Director

Mr. Tolson \_\_\_\_\_  
Mr. E. A. Tamm \_\_\_\_\_  
Mr. Clegg \_\_\_\_\_  
Mr. Glavin \_\_\_\_\_  
Mr. Ladd \_\_\_\_\_  
Mr. Nichols \_\_\_\_\_  
Mr. Rosen \_\_\_\_\_  
Mr. Tracy \_\_\_\_\_  
Mr. Egan \_\_\_\_\_  
Mr. Gurnea \_\_\_\_\_  
Mr. Harbo \_\_\_\_\_  
Mr. Mohr \_\_\_\_\_  
Mr. Pennington \_\_\_\_\_  
Mr. Quinn Tamm \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Mr. Nease \_\_\_\_\_  
Miss Gandy \_\_\_\_\_

CC-Mr. Belmont ( P & C )

HLE:cmn *cmn*



10 JAN 9 1951  
NOT RECORDED  
*Free*



RECORD OF PHYSICAL EXAMINATION OF OFFICERS AND SPECIAL AGENTS  
FEDERAL BUREAU OF INVESTIGATION, U. S. DEPARTMENT OF JUSTICE

CC-270  
(1-1-50)

NAME BLAND, James F. AGE 34 YEARS, 6 MONTHS  
NATIVITY (state of birth) Mo. MARRIED, SINGLE, WIDOWED: M NUMBER OF CHILDREN 3  
FAMILY HISTORY Both parents living and well.

HISTORY OF ILLNESS OR INJURY Usual childhood diseases, (appendectomy, 1920. Tonsillectomy, 1935, broken left leg, 1922. Broken right arm, 1929, Ribs, collarbone broken, 1939.

HEAD AND FACE N

EYES: PUPILS (size, shape, reaction to light and distance, etc.) convergence insufficiency  
/right NCD

DISTANT VISION RT. 20/ 20, corrected to 20/

LT. 20/ 20, corrected to 20/

COLOR PERCEPTION AOC 1940 normal

(state edition of Stilling's plates or Lamps used)

DISEASE OR ANATOMICAL DEFECTS No

EARS: HEARING RT. WHISPERED VOICE /15' CONVERSATIONAL SPEECH 15 /15'

LT. WHISPERED VOICE /15' CONVERSATIONAL SPEECH 15 /15'

DISEASE OR DEFECTS No

NOSE URI

(Disease or anatomical defect, obstruction, etc. State degree)

SINUSES N

TONGUE, PALATE, PHARYNX, LARYNX, TONSILS N

TEETH AND GUMS (disease or anatomical defect):

MISSING TEETH #1

NONVITAL TEETH

PERIAPICAL DISEASE

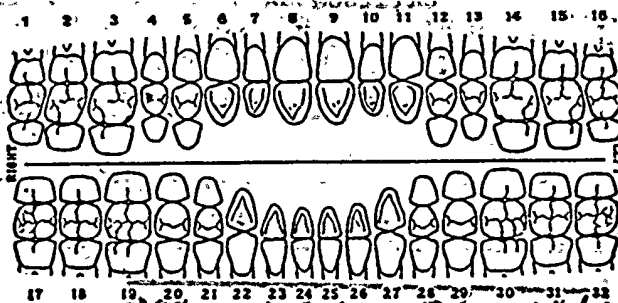
MARKED MALOCCLUSION

PYORRHEA ALVEOLARIS

TEETH REPLACED BY BRIDGES

DENTURES

REMARKS



b6  
b7c

67-200486-111  
DC, USN

(Signature of Dental Officer)

Numbered 76

GENERAL BUILD AND APPEARANCE

Med.

TEMPERATURE

CHEST AT EXPIRATION F37

HEIGHT 69

CHEST AT INSPIRATION 40

WEIGHT 180 1/2

CIRCUMFERENCE OF ABDOMEN AT UMBILICUS 35 1/2

RECENT GAIN OR LOSS, AMOUNT AND CAUSE none

SKIN, HAIR, AND GLANDS N

NECK (abnormalities, thyroid gland, trachea, larynx) N

SPINE AND EXTREMITIES (bones, joints, muscles, feet) Pes Planus 1 degree

*Handwritten notes:*  
After sent 11/16/57  
Spec 12/4

*Handwritten notes:*  
76  
11

THORAX (size, shape, movement, rib cage, mediastinum) N  
RESPIRATORY SYSTEM, BRONCHI, LUNGS, PLEURA, ETC. N  
X-ray - negative  
CARDIO-VASCULAR SYSTEM N  
HEART (note all signs of cardiac involvement) N  
PULSE: BEFORE EXERCISE 92 BLOOD PRESSURE: SYSTOLIC 110  
AFTER EXERCISE 108 DIASTOLIC 74  
THREE MINUTES AFTER 90  
CONDITION OF ARTERIES good CHARACTER OF PULSE Reg  
CONDITION OF VEINS good HEMORRHOIDS No  
ABDOMEN AND PELVIS (condition of wall, scars, herniae, abnormality of viscera) App scar, NCD  
GENITO-URINARY SYSTEM N  
URINALYSIS: SP. GR. 1.022 ALB. neg SUGAR neg MICROSCOPICAL neg  
VENEREAL DISEASE No  
NERVOUS SYSTEM N  
(organic or functional disorders)  
ROMBERG N INCOORDINATION (gait, speech) N  
REFLEXES, SUPERFICIAL N DEEP (knee, ankle, elbow) N TREMORS N  
SEROLOGICAL TESTS Kahn - negative BLOOD TYPE A Rh positive  
ABNORMAL PSYCHE (neurasthenia, psychasthenia, depression, instability, worries) No  
SMALLPOX VACCINATION: DATE OF LAST VACCINATION \_\_\_\_\_  
TYPHOID PROPHYLAXIS: NUMBER OF COURSES \_\_\_\_\_  
DATE OF LAST COURSE \_\_\_\_\_  
REMARKS ON ABNORMALITIES NOT OTHERWISE NOTED OR SUFFICIENTLY DESCRIBED ABOVE \_\_\_\_\_  
SUMMARY OF DEFECTS NCD  
CAPABLE OF PERFORMING DUTIES INVOLVING strenuous PHYSICAL EXERTION  
IS THIS INDIVIDUAL PHYSICALLY FIT TO PARTICIPATE IN RAIDS AND APPREHENSION OF CRIMINALS  
WHICH MIGHT ENTAIL THE PRACTICAL USE OF FIREARMS yes (yes or no)  
(when no is given state cause) \_\_\_\_\_  
FINDINGS, RECOMMENDATIONS AND REMARKS (as per boards, when necessary) \_\_\_\_\_  
DATE OF EXAMINATION 11/1/51  
EMPLOYEE'S INITIALS \_\_\_\_\_ S/H. 11/8/51

U. S. DEPARTMENT OF JUSTICE  
**FEDERAL BUREAU OF INVESTIGATION**  
WASHINGTON 25, D. C.

FORM APPROVED  
BUDGET BUREAU NO. 50-R064

Prepared by: *Ja*  
Checked by: *gogw*  
Filed by:

**NOTIFICATION OF PERSONNEL ACTION**

1. NAME (MR. - MISS - MRS. - FIRST - MIDDLE INITIAL - LAST) <b>MR. JAMES F. BLAND</b> <b>Mr. James F. Bland</b>		2. DATE OF BIRTH <b>5-6-17</b> <b>1917</b>	3. JOURNAL OR ACTION No. <b>F. B. I. 8223</b> <b>6223</b>	4. DATE <b>9-29-51</b>
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>PROMOTION</b>		6. EFFECTIVE DATE <b>9-30-51</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>Schedule A Part 6.100 (D)</b>	
FROM		TO		
<b>Special Agent</b> <b>GS 12</b> <b>\$7600 per annum</b>		<b>Special Agent</b> <b>GS 13</b> <b>\$7600 per annum</b>		
8. POSITION TITLE		9. SERVICE, GRADE, SALARY		
10. ORGANIZATIONAL DESIGNATIONS		11. HEADQUARTERS		
<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		<input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		
12. FIELD OR DEPT'L		13. VETERAN'S PREFERENCE		
14. POSITION CLASSIFICATION ACTION		15. SEX		
16. RACE		17. APPROPRIATION S. & E., FBI		
18. SUBJECT TO C. S. RETIREMENT ACT (YES-NO)		19. DATE OF OATH (ACCESSIONS ONLY)		
20. LEGAL RESIDENCE		21. REMARKS		

**15 OCT 8 1951**

*Ja*

**REMARKS**

The ~~provisions~~ provisions of the Veterans' Preferences Act of 1944 and/or the Selective Service Extension Act of 1950 have been complied with.

This promotion is temporary in accordance with Public Law 548, approved 9-27-50.

*37cc*

SIGNATURE OR OTHER AUTHENTICATION

April 19, 1952

Mr. Fred J. Baumgardner  
Federal Bureau of Investigation  
United States Department of Justice  
Washington, D. C.

Dear Mr. Baumgardner:

I want to express to you and through you to the Supervisors of the Internal Security Unit my sincere appreciation for the splendid fashion in which the recent Security-Espionage Schools were conducted at the Bureau.

It is my desire that you personally convey my gratitude and commendation to those Supervisors who contributed so materially to the success of these schools, advising them that I was most pleased with the efficient and capable manner in which this project was handled. I consider this was a job well done.

Sincerely yours,  
J. Edgar Hoover

b6  
b7C

cc: Mr. Belmont (P&C)

cc: Personnel files of SA's:

b6  
b7C

Paul L. Cox

Marion E. Torrens

Carroll Doyle

James F. Bland  
Arthur E. Dooley

67-136594  
EJI:bmc

89 MAY 19 1952

67-136594-120  
98  
MAY 20 1952

November 16, 1951

PERSONAL AND CONFIDENTIAL

Mr. James F. Bland  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Bland:

The Bureau is in receipt of the report of the physical examination afforded you at the United States Naval Hospital,

Bethesda, Maryland, on November 1, 1951.

This report reflects that you have no disqualifying physical defects.

The Board of Examining Physicians of the United States Naval Hospital reports that you are capable of performing strenuous physical exertion and have no physical defects that would interfere with your participation in raids or other work involving the practical use of firearms.

Sincerely yours,

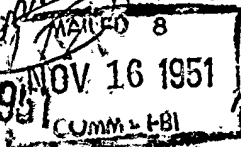
*J. E. Hoover*  
John Edgar Hoover  
Director

CC-Domestic Intelligence ( P & C )

Mr. Tolson \_\_\_\_\_  
Mr. E. A. Tamm \_\_\_\_\_  
Mr. Clegg \_\_\_\_\_  
Mr. Glavin \_\_\_\_\_  
Mr. Ladd \_\_\_\_\_  
Mr. Nichols \_\_\_\_\_  
Mr. Rosen \_\_\_\_\_  
Mr. Tracy \_\_\_\_\_  
Mr. Egan \_\_\_\_\_  
Mr. Gurnea \_\_\_\_\_  
Mr. Harbo \_\_\_\_\_  
Mr. Mohr \_\_\_\_\_  
Mr. Pennington \_\_\_\_\_  
Mr. Quinn Tamm \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Mr. Nease \_\_\_\_\_  
Miss Gandy \_\_\_\_\_

HLE:jlr

NOV 27 1951



RECEIVED  
E B

EX-100-1000000

*Final*

NOV 16 1951  
15 33 PM '51

## Office Memorandum • UNITED STATES GOVERNMENT

TO : Mr. Glavin

DATE: 5-1-52

FROM : H. L. Edwards *HL*

SUBJECT: JAMES F. BLAND  
 Supervisor  
 Internal Security Unit  
 Domestic Intelligence Division  
 AWARD FOR SUPERIOR ACCOMPLISHMENT

Tolson \_\_\_\_\_  
 Ladd \_\_\_\_\_  
 Clegg \_\_\_\_\_  
 Glavin \_\_\_\_\_  
 Nichols \_\_\_\_\_  
 Rosen \_\_\_\_\_  
 Tracy \_\_\_\_\_  
 Harbo \_\_\_\_\_  
 Belmont \_\_\_\_\_  
 Mohr \_\_\_\_\_  
 Tele. Room \_\_\_\_\_  
 Nease \_\_\_\_\_  
 Gandy \_\_\_\_\_

Mr. Baumgardner by memorandum to Mr. Belmont has recommended that SA James F. Bland be considered for a meritorious increase in salary for his outstanding accomplishments as Supervisor-in-Charge of the Communist Front Desk. Mr. Belmont and Mr. Ladd concurred.

Mr. Baumgardner advised that Agent Bland is currently assigned as Supervisor-in-Charge of the Communist Front Desk and assists in directing the activities of the two other supervisors assigned to this desk. In the summer of 1951 the Communist Party, USA, arranged for a group known as the American Committee to Survey Labor Conditions in Europe to penetrate the Iron Curtain. The Bureau was successful in having an excellent confidential informant go along with this group and upon his return the Bureau furnished detailed information brought back by him to highly interested military authorities. In this regard the Bureau was able to advise the Army regarding manufacturing conditions in Russia and the actual speed of automobile output in one plant in the USSR. Mr. Bland supervised this successful operation.

Mr. Baumgardner stated that in addition, Bland handles the supervision of matters involving various international Communist - inspired conferences, which are held in various countries of the world and are attended by Americans who are either Communists or Communist sympathizers. In connection with these conferences the Bureau keeps various interested government agencies advised regarding the identities of Americans who are in attendance. One example of this type of conference is the Moscow Economic Conference which is presently in progress. The Bureau has kept interested government agencies advised regarding the Americans in attendance at this conference.

Mr. Bland is also responsible for the supervision of the case entitled "Nationalist Party of Puerto Rico". His excellent direction of this investigation has enabled the Bureau to keep interested government agencies advised on a current basis of the activities of this highly inflammable group in Puerto Rico. In this connection a meeting of the American Ministers to American Republics was scheduled to be held in San Juan during the past summer. When the Bureau advised

67-200486-125  
 RECORDED  
 57-200486-125  
 SEARCHED  
 SERIALIZED  
 INDEXED  
 FILED  
 MAY 1 1952  
 FBI - NEW YORK

Letter to Bland -  
 Justification sent -  
 5/1/52  
 98  
 MAY 28 1952

*3/1/52*

Memorandum to Mr. Glavin - continued

interested government officials regarding the general unrest and activity of Nationalist Party of Puerto Rico members at that time the scheduled meeting was postponed. The alert, intelligent supervision being given to the Nationalist Party at that time by Mr. Bland was responsible in no small measure for the Bureau's ability to be in a position to advise interested government officials regarding the activity of the members of this Party, thus assisting them in reaching their decision to postpone the meeting.

Mr. Baumgardner advised that Agent Bland is one of the better supervisors in the Internal Security Unit. He has an excellent knowledge of Bureau policy and uses sound judgment in applying that policy to the investigation of Communist front groups and related matters. He is an extremely enthusiastic and interested employee and has consistently put in a large amount of voluntary overtime.

Mr. Belmont advised that Mr. Bland is Supervisor-in-Charge of a group handling Communist front matters and has done an outstanding job in the supervision of these cases which has brought credit to the Bureau. In the recent Internal Security-Espionage schools, Bland actively participated in presenting internal security phases of the instruction and did a superior job in this respect. Mr. Belmont stated he definitely feels that consideration should be given to affording a meritorious increase to Bland.

#### JUSTIFICATION

It is believed that Agent Bland's performance conforms with one of the standards for Superior Accomplishment which provides as follows:

"Sustained work performance for a period of at least 3 months of such nature that it merits special recognition for superior accomplishment over and above the normal requirements of the employee's position, provided that his current performance rating is not less than "Satisfactory."

If the recommendation for a meritorious increase in salary for SA Bland is approved, it is suggested that the following be submitted to the Awards Committee of the Department in justification:

Memorandum to Mr. Glavin - continued

In view of the outstanding work performance of Agent Bland in connection with the internal security of the country of a highly confidential nature it is recommended that he be afforded a meritorious increase in salary. Although the details of the services performed by Agent Bland cannot be divulged for security reasons, it is considered his distinguished work performance was over and above the normal requirements of his position and warrants special recognition.

RECORD AS BUREAU EMPLOYEE

A review of Agent Bland's file reflects he entered on duty with the Bureau as a Special Agent on 8-25-41 in grade CAF-9, \$3200 per annum. He has served in several Field Offices and was transferred to the Domestic Intelligence Division on 10-30-50. He was reallocated to grade GS-13 on 9-30-51, \$8360 per annum. He was rated Satisfactory on 3-31-52 by Mr. Baumgardner.

Agent Bland's overtime for the month of October, 1950, was 23 minutes; November, 2 hours, 45 minutes; and December, 2 hours, 28 minutes. During March, 1952, his overtime was 1 hour and 52 minutes.

A PERMANENT BRIEF OF HIS PERSONNEL FILE IS ATTACHED.

The two supervisors working under the supervision of Agent Bland had overtime in excess of 1 hour for the month of March, 1952.

RECOMMENDATION

In view of the outstanding manner in which Agent Bland has performed his assigned duties during the past year it is recommended that he be afforded a within grade salary increase in grade GS-13 from \$8360 to \$8560 per annum as a reward for his superior accomplishment.

Attachment

Letter to Bland -  
Justification  
6/12/52  
Jup  
579

Rec appt  
5/8/52

agree  
579

agree  
579

agree  
579

OK  
H.



# REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>BLAND, James F.</b>		2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)		5. PURPOSE OF EXAMINATION <b>Evaluation</b>	6. DATE OF EXAMINATION <b>10-16-52</b>
7. SEX <b>Male</b>	8. RACE <b>White</b>	9. TOTAL YRS. GOVT. SERVICE MILITARY      CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE
11. ORGANIZATION UNIT <b>SOG</b>		12. DATE OF BIRTH <b>5-6-1017</b>	
13. PLACE OF BIRTH <b>Missouri</b>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <b>NNMC - Bethesda, Md.</b>		16. OTHER INFORMATION	

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY: TOTAL	LAST SIX MONTHS
-------------------------	------------------------------	-----------------

CLINICAL EVALUATION	
NORMAL	ABNOR- MAL
<input checked="" type="checkbox"/>	<input type="checkbox"/>
18. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. NOSE	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. SINUSES	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
24. EYES—GENERAL (Visual acuity and refraction under items 69, 60, and 61)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
34. G-U SYSTEM	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
36. FEET	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
42. PSYCHIATRIC (Specify any personality deviation)	
Females only (Check how done)	
43. PELVIC <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

36: Pes Planus 1/2, asympt. NCD

40: Append. Scar. Ruptured appendix 3 1/2 yrs old.  
No residuals NCD

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
O.—Restorable teeth      X.—Missing teeth      (6 X 6).—Fixed bridge, brackets to include abutments I.—Nonrestorable teeth      XXX.—Replaced by dentures		

RIGHT	<input checked="" type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Class II

## LABORATORY FINDINGS

45. URINALYSIS: SP. GR. <b>1.016</b>			46. CHEST X-RAY (Place, date, film number, result) <b>Neg/</b>		47. SEROLOGY (Specify test used and result) <b>Neg.</b>	
ALBUMIN <b>N</b>	SUGAR <b>N</b>	MICROSCOPIC <b>N</b>	48. EKG <b>Normal</b>		49. BLOOD TYPE AND RH FACTOR <b>B 6 Nov 12 1952</b>	
50. OTHER TESTS			51. DATE OF EXAMINATION <b>11 NOV 5 1952</b>			

MEASUREMENTS AND OTHER FINDINGS																																
51. HEIGHT 5'9"		52. WEIGHT 185		53. COLOR HAIR brown		54. COLOR EYES Blue		55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		56. TEMP. normal																						
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																										
SITTING SYS. 110 DIAS. 76		RECUMBENT SYS. DIAS.		STANDING (3 min.) SYS. Nov DIAS.		SITTING 98		AFTER EXERCISE 96		2 MIN. AFTER 78																						
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION																								
RIGHT 20 CORR. TO 20				BY S CX				CORR. TO BY																								
LEFT 20 CORR. TO 20				BY S CX				CORR. TO BY																								
62. HETEROPHORIA (Specify distance) ES EX R H L H PRISM DIV. PRISM CONV. PC PD																																
63. ACCOMMODATION RIGHT LEFT				64. COLOR VISION (Test used and result) Normal AOC				65. DEPTH PERCEPTION (Test used and score) UNCORRECTED CORRECTED																								
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS		69. INTRAOCULAR TENSION																						
70. HEARING		71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																								
RIGHT WV /15 SV 15 /15		<table border="1"> <thead> <tr> <th></th> <th>250</th> <th>500</th> <th>1000</th> <th>2000</th> <th>4000</th> <th>8000</th> </tr> </thead> <tbody> <tr> <td>RIGHT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LEFT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							250	500	1000	2000	4000	8000	RIGHT							LEFT										
	250	500	1000	2000	4000	8000																										
RIGHT																																
LEFT																																

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

Usual childhood diseases  
 Broken leg - 1920 - left  
 Appendectomy - 1921 - no sequelae  
 Broken arm - 1926 - rt.  
 broken ribs and collar bone - 1939  
 Tonsillectomy - 1935

NCD

(Use additional sheets of plain paper if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)						76. PHYSICAL PROFILE																	
						<table border="1"> <thead> <tr> <th>P</th> <th>U</th> <th>L</th> <th>H</th> <th>E</th> <th>S</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						P	U	L	H	E	S						
P	U	L	H	E	S																		
77. EXAMINEE (Check) <input checked="" type="checkbox"/> IS QUALIFIED FOR strenuous duty and use of firearms <input type="checkbox"/> IS NOT						PHYSICAL CATEGORY																	
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER						<table border="1"> <thead> <tr> <th>A</th> <th>B</th> <th>C</th> <th>E</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						A	B	C	E								
A	B	C	E																				
79. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE S/ [ ]																	
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE [ ]																	
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						SIGNATURE S/ [ ]																	
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE [ ]																	
						NUMBER OF ATTACHED SHEETS																	

# FIELD ARMS TRAINING

SPECIAL AGENT

*James J. Blane*

FD-40  
3-25-47

OFFICE	MO. YR.	HS	PPC	SG	.30	MG	GAS	RD	Dist. Snap Proc. Short.	QUALI- FIED
<i>St. Louis</i>	<i>9/49</i>				<i>76</i>	<i>95</i>				
	<i>10/49</i>								✓	
	<i>11/49</i>								✓	
	<i>12/49</i>								✓	
	<i>1/50</i>								✓	
	<i>2/50</i>								✓	
	<i>3/50</i>								✓	
	<i>4/50</i>	<i>Bullseye</i>			<i>90</i>	<i>100</i>				
	<i>5/50</i>	<i>P.A.</i>								
	<i>6/50</i>	<i>90</i>	<i>84</i>	<i>100</i>						
	<i>7/50</i>	<i>100</i>	<i>96</i>			<i>93</i>				
<i>Make-up</i>	<i>8/50</i>	<i>98</i>	<i>98</i>	<i>100</i>						
	<i>9/50</i>	<i>92</i>	<i>87</i>	<i>100</i>						
	<i>10/50</i>	<i>100</i>	<i>96</i>			<i>95</i>				
	<i>11/50</i>				<i>87</i>	<i>96</i>				
	<i>12/50</i>				<i>85</i>	<i>98</i>				
	<i>1/51</i>					<i>98</i>				
	<i>2/51</i>	<i>98</i>	<i>95</i>			<i>94</i>				
<i>Make-ups</i>	<i>3/51</i>	<i>100</i>	<i>90</i>	<i>100</i>						
	<i>4/51</i>	<i>100</i>	<i>95</i>			<i>96</i>				
	<i>5/51</i>	<i>100</i>	<i>95</i>	<i>100</i>						
	<i>6/51</i>				<i>83</i>	<i>94</i>				
	<i>7/51</i>				<i>87</i>	<i>80</i>				
	<i>8/51</i>	<i>92</i>	<i>90</i>			<i>96</i>				
	<i>9/51</i>	<i>98</i>	<i>92</i>	<i>100</i>						
	<i>10/51</i>	<i>92</i>	<i>93</i>			<i>98</i>				

20<sup>127</sup> AUG 13 1952

RECORDED  
*3/10/54*  
*For*

1. Agency and organizational designations U.S. Department of Justice Federal Bureau of Investigation	2. Pay-roll	3. Block No.	4. Slip No. 26048
--	-------------	--------------	----------------------

5. Employee's name (and social security account number when appropriate) <b>13. JAMES F. BLAID</b>	6. Grade and salary <b>SA GS 13, \$3360</b>
---	--

### PAY ROLL CHANGE DATA

	BASE PAY	OVERTIME		GROSS PAY	RET.	TAX	BOND	F. I. C. A.		NET PAY
7. Previous normal										
8. New normal										
9. Pay this period										

10. Remarks:	11. Appropriation(s) <b>34</b>	12. Prepared by
		13. Audited by

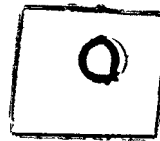
**SUPPLEMENTAL ACCOUNT INFORMATION**

<input type="checkbox"/> Periodic step-increase	<input type="checkbox"/> Pay adjustment	<input checked="" type="checkbox"/> Other step-increase
14. Effective date <b>6-8-52</b>	15. Date last equivalent <b>9-30-51</b>	16. Old salary rate <b>\$3360</b>
		17. New salary rate <b>\$3560</b>
18. Performance rating is satisfactory or better.		
(Signature or other authentication)		

19. LWOP data (Fill in appropriate spaces covering LWOP during following period(s): Period(s): <b>34 JUL 7 1952</b>	(Check applicable box in case of excess LWOP) <input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period. <b>JW:abk</b>
<input checked="" type="checkbox"/> No excess LWOP. Total excess LWOP	Initials of Clerk

STANDARD FORM NO. 1126d—Revised  
Form prescribed by Comp. Gen., U. S.  
Nov. 8, 1950, General Regulations No. 102

PAY ROLL CHANGE SLIP—PERSONNEL COPY



Prepared by: *PC*  
Checked by:  
Filed by: *[Signature]*

May 12, 1952

Mr. James F. Bland  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Bland:

I am writing to advise you that you have been recommended for a promotion from \$8360 per annum to \$8560 per annum in Grade GS 13, as an award for superior accomplishment. The effective date of this promotion will follow approval by the Committee on Superior Accomplishment Awards concerning which you will be advised later.

This action has resulted from your exceedingly fine work performance as a Supervisor in the Internal Security Unit of the Domestic Intelligence Division. You have exercised sound judgment in your direction of the many involved matters under your supervision and it is evident you have clearly kept in mind the ultimate ends to be attained. Please accept my sincere thanks and commendation for a job well done.

Sincerely yours,

b6  
b7C

CC: Mr. Belmont (PERSONAL ATTENTION)  
CC: Mr.   
CC: Movement Section

Tolson \_\_\_\_\_  
Ladd \_\_\_\_\_  
Nichols \_\_\_\_\_  
Belmont \_\_\_\_\_  
Clegg \_\_\_\_\_  
Glavin \_\_\_\_\_  
Harbo \_\_\_\_\_  
Rosen \_\_\_\_\_  
Tracy \_\_\_\_\_  
Mohr \_\_\_\_\_  
Tele. Rm. \_\_\_\_\_  
Nease \_\_\_\_\_  
Gandy \_\_\_\_\_

89 MAY 19 1952  
JW/bc  
67-200486

SENT FROM D. O.	
TIME	5:20 PM
DATE	5-12-52
BY	<i>[Signature]</i>

MAY 12 2 11 PM '52

RECEIVED  
U.S. DEPT. OF JUSTICE  
MAY 12 2 10 PM '52

RECEIVED  
FBI  
MAY 12 1 00 PM '52

*[Handwritten signature]*

March 13, 1953

Mr. James F. Bland  
Federal Bureau of Investigation  
United States Department of Justice  
Washington, D. C.

Dear Mr. Bland:

I have been advised that you recently have devoted a considerable amount of personal time to duties in Assistant to the Director Ladd's office during an especially heavy work load.

Your attitude and diligence were indeed commendable during this period and your willingness to accept personal inconvenience in order to keep work at the Bureau in a current status was in accordance with the highest standards of the FBI. I sincerely appreciate the high calibre of your services.

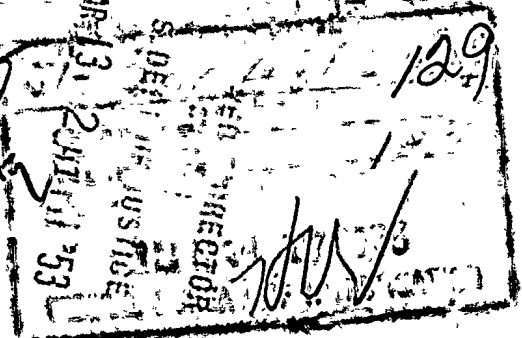
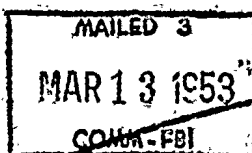
Sincerely yours,

J. Edgar Hoover

cc: Mr. Belmont (P&C)

Tolson \_\_\_\_\_  
Ladd \_\_\_\_\_  
Nichols \_\_\_\_\_  
Belmont \_\_\_\_\_  
Clegg \_\_\_\_\_  
Glavin \_\_\_\_\_  
Harbo \_\_\_\_\_  
Rosen \_\_\_\_\_  
Tracy \_\_\_\_\_  
Laughlin \_\_\_\_\_  
Mohr \_\_\_\_\_  
Winterrowd \_\_\_\_\_  
Tele. Rm. \_\_\_\_\_  
Holloman \_\_\_\_\_  
Gandy \_\_\_\_\_

EJI:magg  
67-200486



120  
MAR 20 1953

1. Agency and organizational designations U.S. Department of Justice Federal Bureau of Investigation					2. Pay roll period		3. Block No.		4. Slip No. <b>16359</b>	
5. Employee's name (and social security account number when appropriate) <b>TAMES P. BLAND</b>					6. Grade and Salary <b>GS 13 HS001X \$8550</b>					
PAY ROLL CHANGE DATA										
	BASE PAY	OVERTIME		GROSS PAY	RET.	TAX	BOND	F. I. C. A.		NET PAY
7. Previous normal										
8. New normal										
9. Pay this period										
10. Remarks:					11. Appropriation(s) <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 10px auto;"></div>			12. Prepared by		
								13. Audited by		
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase										
14. Effective date	15. Date last equivalent increase	16. Old salary rate	17. New salary rate	18. Performance rating is satisfactory or better.						
<b>3-29-53</b>	<b>9-30-51</b>	<b>\$8550</b>	<b>\$8760</b>	(Signature or other authentication) <div style="text-align: right;"><i>[Signature]</i></div>						
19. LWOP data (Fill in appropriate spaces covering LWOP during following periods): Period(s):				(Check applicable box in case of excess LWOP) <input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period.						
<input checked="" type="checkbox"/> No excess LWOP. Total excess LWOP				<div style="font-size: 2em; font-weight: bold; text-align: center;">MAR 12 1953</div> <div style="text-align: right;">JH:blb Initials of Clerk</div>						

STANDARD FORM NO. 1126—Revised  
Form prescribed by Comp. Gen., U. S.  
Nov. 8, 1950, General Regulations No. 102

PAY ROLL CHANGE SLIP—PERSONNEL COPY

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME BLAND, JAMES FIELD			2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)			5. PURPOSE OF EXAMINATION Annual		6. DATE OF EXAMINATION 10-2-53	
7. SEX M	8. RACE W	9. TOTAL YRS. GOVT. SERVICE MILITARY CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE		11. ORGANIZATION UNIT	
12. DATE OF BIRTH 5-6-17		13. PLACE OF BIRTH Gower, Missouri		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS NNMC- Bethesda				16. OTHER INFORMATION		

17. RATING OR SPECIALTY

CLINICAL EVALUATION  
(Check each item in appropriate column; enter "N, E," if not evaluated)

NORMAL	ABNOR- MAL	
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)
X		23. DRUMS (Perforation)
X		24. EYES—GENERAL (Visual acuity and refraction under items 59, 60, and 61)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (Equality and reaction)
X		27. OCULAR MOTILITY (Associated parallel movements, nystagmus)
X		28. LUNGS AND CHEST (Include breasts)
X		29. HEART (Thrust, size, rhythm, sounds)
X		30. VASCULAR SYSTEM (Varicosities, etc.)
X		31. ABDOMEN AND VISCERA (Include hernia)
X		32. ANUS AND RECTUM (Hemorrhoids; fistulae) (Prostate if indicated)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (Strength, range of motion)
	X	36. FEET
X		37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (Equilibrium tests under item 72)
X		42. PSYCHIATRIC (Specify any personality deviation)

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

36- Pes cavus, asymptomatic

Females only (Check how done)  
43. PELVIC ☐ VAGINAL ☐ RECTAL

2 ENCL. (Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively) O.—Restorable teeth X.—Missing teeth (6 X 8).—Fixed bridge, brackets to include abutments I.—Nonrestorable teeth XXX.—Replaced by dentures																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES Type III Class II	
R	X	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	T

45. URINALYSIS: SP. GR. 1.031 ALBUMIN N SUGAR N MICROSCOPIC N			46. CHEST X-RAY (Place, date, film number, result) Normal		47. SEROLOGY (Specify test used and result) Neg	
48. EKG Normal			49. BLOOD TYPE AND RH FACTOR POS		50. OTHER TESTS	

20 OCT 23 1953

14 OCT 22 1953

FEDERAL BUREAU OF INVESTIGATION

Entered on card 10-13-53, WBAH/pja



MEASUREMENTS AND OTHER FINDINGS										OCT 22-1953																																																	
51. HEIGHT 5' 9 1/2"		52. WEIGHT 178		53. COLOR HAIR Black		54. COLOR EYES Blue		55. BUILD: SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESSE <input type="checkbox"/>		56. TEMP. Normal																																																	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																																																					
SITTING SYS. 118 DIAS. 72		RECUM- BENT SYS. DIAS.		STANDING (3 min.) SYS. DIAS.		SITTING 88		AFTER EXERCISE 120		2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.																																															
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LEFT 20		CORR. TO 20/		BY S.		CX		CORR. TO		BY																																																	
62. HETEROPHORIA: (Specify distance) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD																																																											
63. ACCOMMODATION RIGHT LEFT				64. COLOR VISION (Test used and result) Normal				65. DEPTH PERCEPTION (Test used and score) UNCORRECTED CORRECTED																																																			
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RIGHT WV 15 /15 SV 15 /15		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>250</td><td>500</td><td>1000</td><td>2000</td><td>3000</td><td>4000</td><td>5000</td><td>6000</td><td>7000</td><td>8000</td><td>9000</td><td>10000</td> </tr> <tr> <td>250</td><td>512</td><td>1024</td><td>2048</td><td>3072</td><td>4096</td><td>5120</td><td>6144</td><td>7168</td><td>8192</td><td>9216</td><td>10240</td> </tr> <tr> <td>RIGHT</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>LEFT</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>								250	500	1000	2000	3000	4000	5000	6000	7000	8000	9000	10000	250	512	1024	2048	3072	4096	5120	6144	7168	8192	9216	10240	RIGHT												LEFT													
250	500	1000	2000	3000	4000	5000	6000	7000	8000	9000	10000																																																
250	512	1024	2048	3072	4096	5120	6144	7168	8192	9216	10240																																																
RIGHT																																																											
LEFT																																																											

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

No change

(Use additional sheets of plain paper if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

36- Pes cavus, asymptomatic NCD

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)						76. PHYSICAL PROFILE																	
						<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>P</td><td>U</td><td>L</td><td>H</td><td>E</td><td>S</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>						P	U	L	H	E	S						
						P	U	L	H	E	S												
77. EXAMINEE (Check) <input checked="" type="checkbox"/> IS — strenuous physical exertion & use of <input type="checkbox"/> IS NOT — firearms.						PHYSICAL CATEGORY																	
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER b6 b7C						<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>A</td><td>B</td><td>C</td><td>E</td> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> </table>						A	B	C	E								
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80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE																	
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) CDR DC USN						SIGNATURE																	
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE																	
						NUMBER OF AT- TACHED SHEETS																	

# REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>Blond James Field</b>		2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)		5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION <b>OCT 2 1953</b>
7. SEX <b>M</b>	8. RACE <b>White</b>	9. TOTAL YRS. GOVT. SERVICE MILITARY    CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE
11. ORGANIZATION UNIT		12. DATE OF BIRTH <b>5-6-1917</b>	
13. PLACE OF BIRTH <b>Gowey, Missouri</b>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS		16. OTHER INFORMATION	
17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists) <b>Good</b>			

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE?			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	<b>64</b>	<b>Good</b>				<input checked="" type="checkbox"/>	HAD TUBERCULOSIS	
MOTHER	<b>60</b>	<b>"</b>				<input checked="" type="checkbox"/>	HAD SYPHILIS	
SPOUSE	<b>32</b>	<b>"</b>				<input checked="" type="checkbox"/>	HAD DIABETES	
BROTHERS						<input checked="" type="checkbox"/>	HAD CANCER	
AND						<input checked="" type="checkbox"/>	HAD KIDNEY TROUBLE	
SISTERS						<input checked="" type="checkbox"/>	HAD HEART TROUBLE	
CHILDREN	<b>9</b>	<b>Good</b>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HAD STOMACH TROUBLE	<b>Father</b>
	<b>7</b>	<b>"</b>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HAD RHEUMATISM (Arthritis)	<b>Mother</b>
	<b>3</b>	<b>"</b>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HAD ASTHMA, HAY FEVER, HIVES	
	<b>1</b>	<b>"</b>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HAD EPILEPSY (Fits)	
					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	COMMITTED SUICIDE	
					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)							
YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO
<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		DIPHTHERIA	<input checked="" type="checkbox"/>		TUBERCULOSIS	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		RHEUMATIC FEVER	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>		ASTHMA	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/>		SHORTNESS OF BREATH	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		WHOOPING COUGH	<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>		CHRONIC COUGH	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		EYE TROUBLE	<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/>		FREQUENT INDIGESTION	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>		STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>		JAUNDICE	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>		ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, CANCER	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		RUPTURE	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		APPENDICITIS	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		BOILS	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		VENEREAL DISEASE	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		LAMENESS	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		"TRICK" OR LOCKED KNEE	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		FOOT TROUBLE	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		NEURITIS	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		PARALYSIS (Inc. infantile)	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		EPILEPSY OR FITS	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		CAR, TRAIN, SEA, OR AIR SICKNESS	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		FREQUENT TROUBLE SLEEPING	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		FREQUENT OR TERRIFYING NIGHTMARES	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		DEPRESSION OR EXCESSIVE WORRY	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		LOSS OF MEMORY OR AMNESIA	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		BED WETTING	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		NERVOUS TROUBLE OF ANY SORT	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		ANY DRUG OR NARCOTIC HABIT	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		EXCESSIVE DRINKING HABIT	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		HOMOSEXUAL TENDENCIES	<input checked="" type="checkbox"/>	

21. HAVE YOU EVER (Check each item)		22. FEMALES ONLY—A. HAVE YOU EVER—		B. COMPLETE THE FOLLOWING:	
<input checked="" type="checkbox"/>	WORN GLASSES	<input checked="" type="checkbox"/>	ATTEMPTED SUICIDE	<input type="checkbox"/>	AGE AT ONSET OF MENSTRUATION
<input checked="" type="checkbox"/>	WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>	BEEN A SLEEP WALKER	<input type="checkbox"/>	INTERVAL BETWEEN PERIODS
<input checked="" type="checkbox"/>	WORN HEARING AIDS	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	<input type="checkbox"/>	DURATION OF PERIODS
<input checked="" type="checkbox"/>	STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>	COUGHED UP BLOOD	<input type="checkbox"/>	DATE OF LAST PERIOD
<input checked="" type="checkbox"/>	WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	<input type="checkbox"/>	QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?		24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS		25. WHAT IS YOUR USUAL OCCUPATION?	
				26. ARE YOU (Check one) <input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED	

67-200486-140 16-62289-1  
ENCLOSURE

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:
	<input checked="" type="checkbox"/>	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
<input checked="" type="checkbox"/>		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATION? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
<input checked="" type="checkbox"/>		34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input checked="" type="checkbox"/>	35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	<input checked="" type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

appendectomy - 3, Tonsilectomy - 19, Prolapse rectum - 24.

Broken leg - age 2; broken arm - age 9; broken ribs - age 24

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

SMOKING - 17 cigarettes per day.

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

SIGNATURE

NUMBER OF ATTACHED SHEETS

ATTACHMENT TO STANDARD FORM 88  
(Revised July 21, 1952)

Report of Medical Examination

FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER:

The following portions of the attached examination report form need not be completed:

2	67
3	68
11	69
14	71 (unless other
17	examination indi-
62	cates desirable)
65	72

Item 48, the electrocardiogram, is not required unless the examinee is over 35 years of age or unless other examination indicates such is desirable.

If the examinee is an applicant, the Chest X ray and blood type and Rh factor (Items 46 and 49) are not necessary unless the facilities for affording same are readily available to the examiner.

FOR ALL EXAMINEES, WHETHER CLERICAL OR SPECIAL AGENT APPLICANTS OR EMPLOYEES:

The medical examiner should answer the following question:

Examinee is qualified for strenuous physical  
(is or is not)  
exertion. (Designate which)

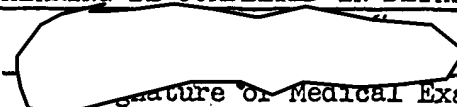
FOR ALL MALE EMPLOYEES OR APPLICANTS:

The medical examiner is requested to answer the following:

Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

no  
If answer is "yes" please specify.

IT IS ESSENTIAL THAT ALL STATEMENTS IN ITEMS 59, 61, 64 AND 70 PERTAINING TO VISUAL ACUITY, COLOR VISION AND HEARING BE COMPLETED IN DETAIL.

  
(Signature of Medical Examiner)

10-6-53  
(Date)

67-200486-140  
ENCLOSURE

b6  
b7C

U. S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON 25, D. C.

FORM APPROVED  
BUDGET BUREAU NO. 50-R064

Prepared by:  
Checked by:  
Filed by:

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.—MISS—MRS.—FIRST—MIDDLE INITIAL—LAST) <b>MR. JAMES F. BLAND</b>		2. DATE OF BIRTH <b>5-6-17</b>	3. JOURNAL OR ACTION NO. <b>F.B.I. 27370</b>	4. DATE <b>7-3-53</b>
This is to notify you of the following action affecting your employment:				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>PROMOTION</b>		6. EFFECTIVE DATE <b>7-5-53</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>Schedule A Part 6.108 (E)</b>	
FROM <b>Special Agent</b>  <b>GS 13</b> <b>\$8760 per annum</b>		8. POSITION-TITLE  <b>same</b>	9. SERVICE, SERIES, SALARY, GRADE  <b>GS 14</b> <b>\$9600 per annum</b>	
10. ORGANIZATIONAL DESIGNATIONS		11. HEADQUARTERS		
12. FIELD OR DEPT'L <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPT'L <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE NONE <input checked="" type="checkbox"/> WWII <input type="checkbox"/> OTHER <input type="checkbox"/> S-PT. <input type="checkbox"/> 10-POINT DISAB. <input type="checkbox"/> OTHER <input type="checkbox"/>		14. POSITION CLASSIFICATION ACTION NEW <input type="checkbox"/> VICE <input checked="" type="checkbox"/> I. A. <input type="checkbox"/> REAL. <b>Delf A. Bryce</b> <b>prom. GS 15 eff. 5-24-53</b>		
15. SEX <b>M</b>	16. RACE <b>M</b>	17. APPROPRIATION S. & E., FBI FROM: TO: <b>same</b>		18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO) <b>Yes</b>
19. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY)		20. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE:		
APPROVED <b>J. E. Hoover</b> DIRECTOR, F. B. I.				
REMARKS: The provisions of the Universal Military Training and Service Act of 1951 have been complied with. The classification grade of this position is subject to post-audit and correction pursuant to Section 1310 of the Supplemental Appropriation Act, 1952—Public Law #253, approved 11-1-51.  This promotion is temporary in <del>accordance</del> accordance with Public Law #843, approved 9-27-50.  Prom. changed to perm action eff. 7-1-54 <b>33 JUL 13 1953</b>				
SIGNATURE OR OTHER AUTHENTICATION				

*[Handwritten signature]*

March 11, 1954

Personal and Confidential

Mr. James F. Bland  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Bland:

I am aware that you performed with genuine enthusiasm and disregard for personal convenience in connection with the preparation of material last week on the Nationalist Party of Puerto Rico.

Your unselfish and cooperative attitude in working throughout one entire night and part of the next day to expedite handling of the project is most gratifying to me, and I am taking this means to commend you.

Sincerely yours,

J. Edgar Hoover

cc: Mr. Belmont (Personal Attention)

LRH:rk  
67-200486

REC-100-10

67-200486-142

MAILED 2  
MAR 15 1954  
COMM - FBI

- Tolson \_\_\_\_\_
- Ladd \_\_\_\_\_
- Nichols \_\_\_\_\_
- Belmont \_\_\_\_\_
- Clegg \_\_\_\_\_
- Glavin \_\_\_\_\_
- Harbo \_\_\_\_\_
- Rosen \_\_\_\_\_
- Tracy \_\_\_\_\_
- Gearty \_\_\_\_\_
- Mohr \_\_\_\_\_
- Winterrowd \_\_\_\_\_
- Tele. Room \_\_\_\_\_
- Holloman \_\_\_\_\_
- Miss Gandy \_\_\_\_\_

MAR 18 1954

RECEIVED READING ROOM  
MAR 11 4 52 PM '54  
FBI

*[Handwritten signature]*

MAR 11 1954

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME BLAND, JAMES FIELD		2. GRADE AND COMPONENT OR POSITION SA	3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)		5. PURPOSE OF EXAMINATION ANNUAL	6. DATE OF EXAMINATION 10-1-51
7. SEX M	8. RACE White	9. TOTAL YRS. GOVT. SERVICE MILITARY CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE
11. ORGANIZATION UNIT		12. DATE OF BIRTH 5-6-17	
13. PLACE OF BIRTH Gower, Missouri		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS Bethesda		16. OTHER INFORMATION	

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY: TOTAL	LAST SIX MONTHS
CLINICAL EVALUATION		
NORMAL ABNOR- (Check each item in appropriate col- MAL MAL umn; enter "N. E." if not evaluated)		

X	18. HEAD, FACE, NECK, AND SCALP
X	19. NOSE
X	20. SINUSES
X	21. MOUTH AND THROAT
X	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)
X	23. DRUMS (Perforation)
X	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60, and 61)
X	25. OPHTHALMOSCOPIC
X	26. PUPILS (Equality and reaction)
X	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)
X	28. LUNGS AND CHEST (Include breasts)
X	29. HEART (Thrust, size, rhythm, sounds)
X	30. VASCULAR SYSTEM (Varicosities, etc.)
X	31. ABDOMEN AND VISCERA (Include hernia)
X	32. ANUS AND RECTUM (Hemorrhoids, fistulas) (Prostate if indicated)
X	33. ENDOCRINE SYSTEM
X	34. G-U SYSTEM
X	35. UPPER EXTREMITIES (Strength, range of motion)
X	36. FEET
X	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
X	38. SPINE, OTHER MUSCULOSKELETAL
X	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X	40. SKIN; LYMPHATICS
X	41. NEUROLOGIC (Equilibrium tests under item 72)
X	42. PSYCHIATRIC (Specify any personality deviation)

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

Appendectomy NCD

Females only	(Check how done)
43. PELVIC	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)															
O.—Restorable teeth X.—Missing teeth (6 X 8).—Fixed bridge, brackets to include abutments															
F.—Nonrestorable teeth XXX.—Replaced by dentures															
2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES  
Type III  
Class 2

67-200486-145  
Searched

45. URINALYSIS: SP. GR. 1.012			46. CHEST X-RAY (Place, date, film number, result)		
ALBUMIN Neg.	SUGAR Neg.	MICROSCOPIC Neg.	Negative		
48. EKG			49. BLOOD TYPE AND RH FACTOR		
Normal			26		

47. SEROLOGY (Specify test used and result)  
Kahn, Negative  
FEDERAL BUREAU OF INVESTIGATION

18 OCT 18 1954

MEASUREMENTS AND OTHER FINDINGS																																			
51. HEIGHT 5' 9 1/2"		52. WEIGHT 178		53. COLOR HAIR Br.		54. COLOR EYES		55. BUILD: <div style="display: flex; justify-content: space-between;"> <span>SLENDER <input type="checkbox"/></span> <span>MEDIUM <input checked="" type="checkbox"/></span> <span>HEAVY <input type="checkbox"/></span> <span>OBES <input type="checkbox"/></span> </div>		56. TEMP. Normal																									
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																													
SITTING SYS. 116 DIAS. 78		RECUM. BENT SYS. DIAS.		STANDING (5 min.) SYS. DIAS.		SITTING 72		AFTER EXERCISE		2 MIN. AFTER																									
59. DISTANT VISION		60. REFRACTION		61. NEAR VISION																															
RIGHT 20/20 CORR. TO 20/		BY S. CX		CORR. TO BY																															
LEFT 20/20 CORR. TO 20/		BY S. CX		CORR. TO BY																															
62. HETEROPHORIA: (Specify distance) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD																																			
63. ACCOMMODATION RIGHT LEFT		64. COLOR VISION (Test used and result) Normal				65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED CORRECTED																											
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)				68. RED LENS		69. INTRAOCULAR TENSION																											
70. HEARING		71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																											
RIGHT WV 15 /15 SV 15 /15		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>250</th> <th>500</th> <th>1000</th> <th>2000</th> <th>3000</th> <th>4000</th> <th>8000</th> </tr> <tr> <th>RIGHT</th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th>LEFT</th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>							250	500	1000	2000	3000	4000	8000	RIGHT								LEFT											
	250	500	1000	2000	3000	4000	8000																												
RIGHT																																			
LEFT																																			
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY																																			

(Use additional sheets of plain paper if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. PHYSICAL PROFILE

77. EXAMINEE (Check)

☒ IS

☐ IS NOT

QUALIFIED FOR strenuous physical exertion & use of firearms .PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS



ATTACHMENT TO STANDARD FORM 88  
(Revised July 21, 1952)

Report of Medical Examination

FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER:

The following portions of the attached examination report form need not be completed:

2	67
3	68
11	69
14	71 (unless other
17	examination indi-
62	cates desirable)
65	72

Item 48, the electrocardiogram, is not required unless the examinee is over 35 years of age or unless other examination indicates such is desirable.

If the examinee is an applicant, the Chest X ray and blood type and Rh factor (Items 46 and 49) are not necessary unless the facilities for affording same are readily available to the examiner.

FOR ALL EXAMINEES, WHETHER CLERICAL OR SPECIAL AGENT APPLICANTS OR EMPLOYEES:

The medical examiner should answer the following question:

Examinee 13 qualified for strenuous physical  
(is or is not)  
exertion. (Designate which)

FOR ALL MALE EMPLOYEES OR APPLICANTS:

The medical examiner is requested to answer the following:

Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

NO  
If answer is "yes" please specify.

IT IS ESSENTIAL THAT ALL STATEMENTS IN ITEMS 59, 61, 64 AND 70 PERTAINING TO VISUAL ACUITY, COLOR VISION AND HEARING BE COMPLETED IN DETAIL.

[Signature]  
(Signature of Medical Examiner)

10/8/57  
(Date)

EX-100-67-200486-145

b6  
b7c

April 19, 1955

Personal and Confidential

Mr. James F. Bland  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Bland:

Your able supervision at the Seat of Government of the investigation of the Internal Security Act of 1950 case involving the Labor Youth League has given me a great deal of satisfaction and pleasure.

I am aware that the over-all Bureau policy for handling cases such as this one presented to the Subversive Activities Control Board was established under your supervision and I feel that its effectiveness is attributable to your excellent work in coordinating the program. It is a pleasure to extend to you my personal commendation for your exemplary services.

Sincerely yours,  
J. Edgar Hoover

cc: Mr. Belmont (Personal Attention)

LRH:rlf  
67-200486  
(4)

Based on memo to Mr. Belmont from Mr. Boardman dated 4/7/55, WCT:lfj, and addendum of the Administrative Division dated 4/12/55, LRH:rlw.

COMM - FBI

APR 20 1955

MAILED 28

26 APR 22 1955

RECEIVED READING ROOM  
FBI  
U.S. DEPT. OF JUSTICE  
APR 20 10 46 AM '55

Tolson \_\_\_\_\_  
Boardman \_\_\_\_\_  
Nichols \_\_\_\_\_  
Belmont \_\_\_\_\_  
Harbo \_\_\_\_\_  
Mohr \_\_\_\_\_  
Parsons \_\_\_\_\_  
Rosen \_\_\_\_\_  
Tamm \_\_\_\_\_  
 Sizoo \_\_\_\_\_  
Winterrowd \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holloman \_\_\_\_\_  
Gandy \_\_\_\_\_

67-200486-150

APR 21 1955

REGISTRATION

1. Agency and organizational designations U.S. Department of Justice Federal Bureau of Investigation					2. Pay roll code 0		3. Block No.		4. Slip No. 17210	
5. Employee's name (and social security account number when appropriate) <b>MR. JAMES P. BLAND</b>					6. Grade and salary <b>SA GS 14 \$9600</b>					
PAY ROLL CHANGE DATA										
	BASE PAY	OVERTIME		GROSS PAY	RET.	TAX.....	BOND	F. I. C. A.		NET PAY
7. Previous normal										
8. New normal										
9. Pay this period										
10. Remarks:						11. Appropriation(s)			12. Prepared by	
						<div style="font-size: 2em; font-family: cursive;">H2</div>			13. Audited by	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input checked="" type="checkbox"/> Periodic step-increase           <input type="checkbox"/> Pay adjustment           <input type="checkbox"/> Other step-increase         </div> </div>										
14. Effective date <b>1-2-55</b>	15. Date last equivalent increase <b>7-5-53</b>	16. Old salary rate <b>\$9600</b>	17. New salary rate <b>\$9800</b>	18. Performance rating is satisfactory or better.  <div style="text-align: right; font-size: 1.5em; font-family: cursive;">Bide</div> <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             (Signature or other authentication)           </div> </div>						
19. LWOP data (Fill in appropriate spaces covering LWOP during following periods): Period(s): <div style="font-size: 2em; font-family: cursive; margin-left: 100px;">42 DEC 8 1954</div>				(Check applicable box in case of excess LWOP) <input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period.						
<input checked="" type="checkbox"/> No excess LWOP. Total excess LWOP				<div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             Initials of Clerk           </div> </div>						

STANDARD FORM NO. 1126d—Revised  
 Form prescribed by Comp. Gen., U. S.  
 Nov. 8, 1950, General Regulations No. 102

PAY ROLL CHANGE SLIP—PERSONNEL COPY

17. RATING OR SPECIALTY		TIME IN THIS CAPACITY: TOTAL	LAST SIX MONTHS
CLINICAL EVALUATION		<i>NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)</i>	

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

---weak metatarsal arches NCD asymptomatic

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	67-17	200486-153	
	RECORDED-145														SEARCHED	6	

7 4 00 20 1955 10-62288-1

~~74 OCT 20 1955~~

16-62288-1

MEASUREMENTS AND OTHER FINDINGS																																							
51. HEIGHT 69		52. WEIGHT 186		53. COLOR HAIR Brown		54. COLOR EYES Blue		55. BUILD: SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE <input type="checkbox"/>		56. TEMP. N																													
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																																	
SITTING SYS. 104 DIAS. 78		RECUM. BENT. SYS. DIAS.		STANDING (\$ min.) SYS. DIAS.		SITTING 88		EXERCISE 2 MIN. AFTER 12:01 PM '55		RECUMBENT AFTER STANDING 3 MIN.																													
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION																															
RIGHT 20/ 20 CORR. TO 20/				BY S.				0.62M CORR. TO																															
LEFT 20/ 20 CORR. TO 20/				BY S.				BY																															
62. HETEROPHORIA (Specify distance) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD																																							
63. ACCOMMODATION RIGHT LEFT				64. COLOR VISION (Test used and result) AOC 1940 18/18				65. DEPTH PERCEPTION (Test used and score) UNCORRECTED CORRECTED																															
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS		69. INTRAOCULAR TENSION																													
70. HEARING		71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																															
RIGHT WV 15/15 SV 15/15		<table border="1"> <tr> <td>250</td> <td>500</td> <td>1000</td> <td>2000</td> <td>3000</td> <td>4000</td> <td>8000</td> </tr> <tr> <td>250</td> <td>512</td> <td>1024</td> <td>2048</td> <td>3072</td> <td>4096</td> <td>8192</td> </tr> <tr> <td>RIGHT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LEFT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						250	500	1000	2000	3000	4000	8000	250	512	1024	2048	3072	4096	8192	RIGHT							LEFT										
250	500	1000	2000	3000	4000	8000																																	
250	512	1024	2048	3072	4096	8192																																	
RIGHT																																							
LEFT																																							
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY																																							

(Use additional sheets of plain paper if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)						76. PHYSICAL PROFILE					
						P	U	L	H	E	S
77. EXAMINEE (Check) <input checked="" type="checkbox"/> IS QUALIFIED FOR strenuous physical exertion and use of firearms. <input type="checkbox"/> IS NOT						PHYSICAL CATEGORY					
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER						A	B	C	E		
79. TYPED OR PRINTED NAME OF PHYSICIAN G. R. JOHNSTON, CDR, MC, USN						SIGNATURE /s/ G. R. Johnston					
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						SIGNATURE /s/ A. T. Smith					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE					
						NUMBER OF ATTACHED SHEETS					

ATTACHMENT TO STANDARD FORM 88  
(Revised July 21, 1952)

Report of Medical Examination

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The medical examiner should answer the following question:

Examinee 15 qualified for strenuous physical  
(is or is not)  
exertion. (Designate which)

FOR ALL MALE EMPLOYEES OR APPLICANTS:

The medical examiner is requested to answer the following:

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No  
If answer is "yes" please specify.

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(Signature of Medical Examiner)

SEP 28 1955

(Date)

ENCLOSURE 64-200486-153

b6  
b7C

November 17, 1955

Personal and ~~Confidential~~

Mr. James F. Bland  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Bland:

I wanted to advise you in this manner of my appreciation for your work on an important special project recently completed in the Domestic Intelligence Division.

You may well be proud of the fact you contributed materially to the over-all efficiency and thoroughness with which this matter was handled. It is a pleasure to commend you for discharging your particular responsibilities competently and enthusiastically.

Sincerely yours,

b6  
b7C

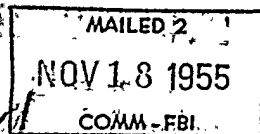
J. Edgar Hoover

CC: Mr. Belmont (Personal Attention)

MOL:jsf  
67-200486  
(4)

Based on memo  

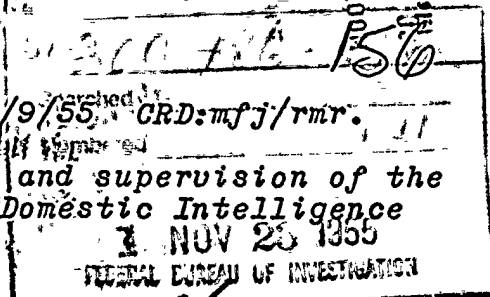
SA Bland participated in handling and supervision of the Security Index Review project in Domestic Intelligence Division.



53 NOV 28 1955

Tolson \_\_\_\_\_  
Boardman \_\_\_\_\_  
Nichols \_\_\_\_\_  
Belmont \_\_\_\_\_  
Harbo \_\_\_\_\_  
Mohr \_\_\_\_\_  
Parsons \_\_\_\_\_  
Rosen \_\_\_\_\_  
Tamm \_\_\_\_\_  
 Sizoo \_\_\_\_\_  
Winterrowd \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holloman \_\_\_\_\_  
Gandy \_\_\_\_\_

NOV 17 5 17 PM '55  
RECEIVED READING ROOM  
FBI



*[Handwritten signatures and initials]*

December 13, 1955

Personal and Confidential

Mr. James F. Bland  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Bland:

I want to take this means to let you know how pleased I am with your particular services during the recent alert test.

The efficiency with which you and your co-workers performed was certainly noteworthy, and I appreciate very much the ability and attention to duty you manifested.

Sincerely yours,

J. Edgar Hoover

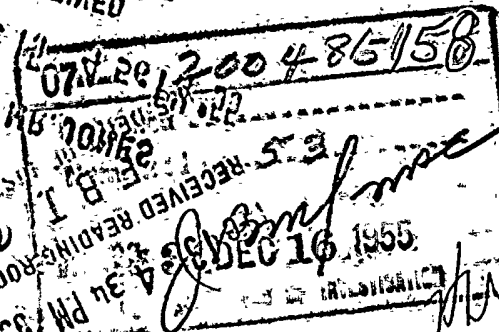
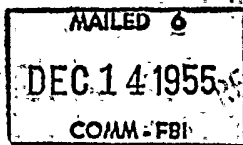
CC: Mr. Belmont (Personal Attention)

MOL:js  
67-200486

(4)

Based on memo Belmont to The Director 12/8/55 CEH:LL.

RECEIVED



Kiv  
Tolson \_\_\_\_\_  
Boardman \_\_\_\_\_  
Nichols \_\_\_\_\_  
Belmont \_\_\_\_\_  
Harbo \_\_\_\_\_  
Mohr \_\_\_\_\_  
Parsons \_\_\_\_\_  
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Winterrowd \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holloman \_\_\_\_\_  
Gandy \_\_\_\_\_

6 DEC 19 1955



December 22, 1955

Personal and ~~Confidential~~

Mr. James F. Bland  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Bland:

I am happy to express commendation to you in this way for your part in the development and handling of a program which has enabled the Bureau to obtain considerable information relative to internal security matters.

You may certainly be proud, as I am, of the results which have been attained and of your major contributions to the success of the program. I surely appreciate the exemplary guidance and direction which have been afforded the field in this connection by you and your fellow agents.

Sincerely yours,

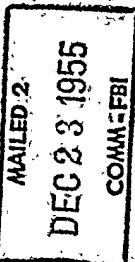
J. Edgar Hoover

CC: Mr. Belmont (Personal Attention)

MOL:js  
67-200486  
(4)

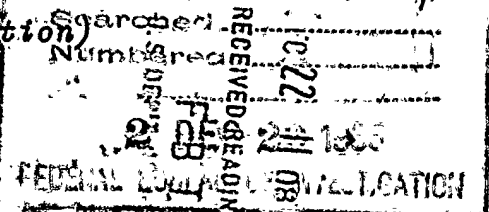
Based on memo. [redacted] 12/14/55

SA Bland was one of SOG supervisors who guided and directed Panel Source Program.



Tolson \_\_\_\_\_  
Boardman \_\_\_\_\_  
Nichols \_\_\_\_\_  
Belmont \_\_\_\_\_  
Harbo \_\_\_\_\_  
Mohr \_\_\_\_\_  
Parsons \_\_\_\_\_  
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Tamm \_\_\_\_\_  
 Sizoo \_\_\_\_\_  
Winterrowd \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holloman \_\_\_\_\_  
Gandy \_\_\_\_\_

53 JAN 3 1956



V. [signature]  
[signature]  
[signature]  
[signature]

February 8, 1956

Personal and ~~Confidential~~

Mr. James F. Bland  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Bland:

I have derived considerable satisfaction from the very favorable outcome of the investigation of an organization of interest to the Bureau in connection with internal security matters. You are to be commended for your particular contributions to the success achieved.

I have in mind the fact that you were largely responsible for the institution and correlation of the program under which matters of this type are handled. Your valuable services in setting up this program were responsible in no small part for the gratifying results which have since been accomplished.

Sincerely yours,  
J. Edgar Hoover

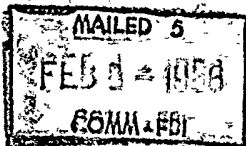
cc: Mr. Belmont (Personal Attention)  
Commendation is for the successful presentation of the case against the Veterans of the Abraham Lincoln Brigade before the Subversive Activities Control Board.

MOL:js  
67-200486

Based on memo Baumgardner to Belmont  
Addendum of Administrative Division

1/23/56 WCT:mag &  
RGH:mst 1/31/56.

FEDERAL BUREAU OF INVESTIGATION

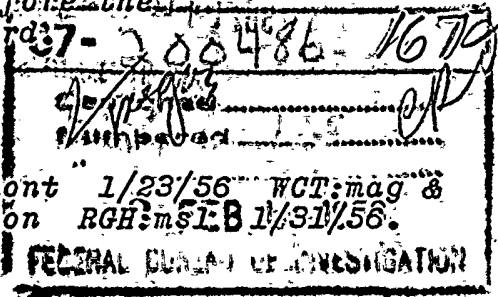


Tolson  
Boardman  
Nichols  
Belmont  
Harbo  
Mohr  
Parsons  
Rosen  
Tamm  
 Sizoo  
Winterrowd  
Tele. Room  
Holloman  
Gandy

RECEIVED READING ROOM  
FBI  
FEB 8 11 43 AM '56

86 FEB 16 1956

RECORDED - 144



TOLSON

U. S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON 25, D. C.

FORM APPROVED  
BUDGET BUREAU NO. 50-R064

Prepared by: *p2*  
Checked by:  
Filed by:

NOTIFICATION OF PERSONNEL ACTION

1. NAME (MR.-MISS-MRS.-FIRST-MIDDLE INITIAL-LAST) <b>MR. JAMES F. BLAND</b> <b>08714</b>		2. DATE OF BIRTH <b>5/6/17</b>	3. JOURNAL OR ACTION No. <b>F. B. I.</b> <b>13142</b>	4. DATE <b>1/12/56</b>
<i>This is to notify you of the following action affecting your employment:</i>				
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY) <b>PROMOTION</b>		6. EFFECTIVE DATE <b>1/15/56</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>EXCEPTED BY LAW</b>	
FROM <b>Special Agent</b> <b>GS 14</b> <b>\$10,535 per annum</b>		8. POSITION TITLE <b>same</b>	9. SERVICE, SERIES, SALARY, GRADE <b>GS 15</b> <b>\$11,610 per annum</b>	
10. ORGANIZATIONAL DESIGNATIONS		11. HEADQUARTERS		
12. FIELD OR DEPT'L <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		12. FIELD OR DEPT'L <input checked="" type="checkbox"/> FIELD <input type="checkbox"/> DEPARTMENTAL		
13. VETERAN'S PREFERENCE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> 5-PT. <input type="checkbox"/> 10-POINT DISAB. OTHER		14. POSITION CLASSIFICATION ACTION <input type="checkbox"/> NEW <input checked="" type="checkbox"/> VICE <input type="checkbox"/> I. A. <input checked="" type="checkbox"/> REAL <b>W. Clair Spears-alloc GS 13</b> <b>FBI 54-F-183 eff 8/15/55.</b>		
15. SEX <b>M</b>	16. APPROPRIATION S. & E., F B I 18. FROM: <b>Same</b> 18. TO: <b>Same</b>		17. SUBJECT TO C. S. RETIREMENT ACT (YES-NO) <b>Yes</b>	18. DATE OF APPOINTMENT AFFIDAVITS (ACCESSIONS ONLY): <b>STATE:</b>
19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED				
APPROVED <i>J. E. Hoover</i> DIRECTOR, F. B. I.		<i>56 MA-PO</i>		
REMARKS: Grade and classification of position subject to post-audit and correction by Agency Personnel Office or by the Civil Service Commission.				
56 JAN 17 1956				
SIGNATURE OR OTHER AUTHENTICATION				

July 26, 1956

Personal and ~~Confidential~~

Mr. James F. Bland  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Bland:

I am very happy to commend you for your noteworthy services in connection with the recent Operation Alert.

The results achieved were indeed a credit to those of you who participated and reflect your efficiency and wholehearted devotion to duty. You should be proud of your particular contributions to a job well done.

Sincerely yours,

J. Edgar Hoover

CC: Mr. Belmont (Personal Attention)

MOL:hlb  
(4)

67-200486

Based on memo Belmont to Mohr 7/26/56 AHB:119

JUL 26 1 14 PM '56  
RECEIVED READING ROOM  
F B I  
U.S. DEPT. OF JUSTICE

200 486-169

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Jols \_\_\_\_\_  
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Verrowd \_\_\_\_\_  
t. Room \_\_\_\_\_  
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dy \_\_\_\_\_

COPIED - 121  
MAILED 23

Handwritten signatures and initials, including "HLE" and "AHB".

# REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME (Type or Print) <b>Bland, James Field</b>		2. GRADE AND COMPONENT OR POSITION <b>Special Agent</b>	3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)		5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION <b>Sep. 10, 1956</b>
7. SEX <b>M</b>	8. RACE <b>White</b>	9. TOTAL YRS. GOVT. SERVICE MILITARY CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE
11. ORGANIZATION UNIT		12. DATE OF BIRTH <b>5-6-17</b>	
13. PLACE OF BIRTH <b>Gower, Missouri</b>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <b>NNMC</b>		16. OTHER INFORMATION	

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY: TOTAL	LAST SIX MONTHS
CLINICAL EVALUATION		
NORMAL ABNOR- (Check each item in appropriate col- MAL MAL umn: enter "N. E." if not evaluated)		

<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP
<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. NOSE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. SINUSES
<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. MOUTH AND THROAT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. DRUMS (Perforation)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 69, 60, and 61)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. OPHTHALMOSCOPIC
<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. PUPILS (Equality and reaction)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	33. ENDOCRINE SYSTEM
<input checked="" type="checkbox"/>	<input type="checkbox"/>	34. G-U SYSTEM
<input checked="" type="checkbox"/>	<input type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	36. FEET
<input checked="" type="checkbox"/>	<input type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL
<input checked="" type="checkbox"/>	<input type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	40. SKIN, LYMPHATICS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)
Females only		(Check how done)
<input type="checkbox"/>	<input type="checkbox"/>	43. PELVIC <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

Ch. nose. Pharyngitis. NCD

135  
ENCLOSURE

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)															
O.—Restorable teeth X.—Missing teeth. (6 X 8).—Fixed bridge, brackets to include abutments															
I.—Nonrestorable teeth XXX.—Replaced by dentures															
RIGHT															
X															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
LEFT															

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
Numbered <b>48</b>
Meets dental standards.
<b>2 SEP 20 1956</b>
FEDERAL BUREAU OF INVESTIGATION

45. URINALYSIS: SP. GR. <b>1.015</b>			46. CHEST X-RAY (Place, date, film number, result)		47. SEROLOGY (Specify test used and result)	
ALBUMIN	SUGAR	MICROSCOPIC				
Neg.	Neg.	Neg.	Negative 48124		Kahn, Negative	
48. EKG		49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS		
Normal		18 SEP 21 1956				

SEP 20 1956

## MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 68		52. WEIGHT 184		53. COLOR HAIR Brown		54. COLOR EYES Blue		55. BUILD: SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE <input type="checkbox"/>		56. TEMP.	
57. BLOOD PRESSURE (Arm at heart level).						58. PULSE (Arm at heart level)					
SITTING	SYS. 120	RECUM- BENT	SYS.	STANDING (3 min.)	SYS.	SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.	
	DIAS. 78		DIAS.		DIAS.						80
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION			
RIGHT 20/ 20 CORR. TO 20/				BY S. CX				0.62M CORR. TO BY			
LEFT 20/ 20 CORR. TO 20/				BY S. CX				0.62M CORR. TO BY			
62. HETEROPHORIA: (Specify distance) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD											
63. ACCOMMODATION RIGHT LEFT			64. COLOR VISION (Test used and result) AOC 1940 18/18			65. DEPTH PERCEPTION (Test used and score)			UNCORRECTED CORRECTED		
66. FIELD OF VISION			67. NIGHT VISION (Test used and score)			68. RED LENS			69. INTRAOCULAR TENSION		
70. HEARING.		71. AUDIOMETER							72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)		
RIGHT WV	715 SV	115	250	500	1000	2000	3000	4000	8000		
LEFT WV	715 SV	115	250	500	1000	2000	3000	4000	8000		
			RIGHT								
			LEFT								

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets of plain paper if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (Check)



IS



IS NOT

QUALIFIED FOR strenuous physical exertion and use of firearms.

PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

b6

b7C

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN

MC, USN

SIGNATURE

/s/

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

/s/

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

/s/

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

/s/

NUMBER OF AT-  
TACHED SHEETS

ATTACHMENT TO STANDARD FORM 88  
(Revised December 5, 1955)

Report of Medical Examination

FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER:

The following portions of the attached examination report form need not be completed:

2	67
3	68
11	69
14	71 (Item 71, audiometer examinations, should be afforded whenever possible.)
17	
62	
65	72

Item 48, the electrocardiogram, is not required unless the examinee is over 35 years of age or unless other examination indicates such is desirable.

If the examinee is an applicant, the Chest X-ray and blood type and Rh factor (Items 46 and 49) are not necessary unless the facilities for affording same are readily available to the examiner.

FOR ALL EXAMINEES, WHETHER CLERICAL OR SPECIAL AGENT APPLICANTS OR EMPLOYEES:

The medical examiner should answer the following question:

Examinee is qualified for strenuous physical exertion. (Designate which)  
(is or is not)

FOR ALL MALE EMPLOYEES OR APPLICANTS:

The medical examiner is requested to answer the following:

Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms? Does examinee have any defects prohibiting safe operation of motor vehicles?

No

If answer is "yes" please specify.

IT IS ESSENTIAL THAT ALL STATEMENTS IN ITEMS 59, 61, 64 AND 70 PERTAINING TO VISUAL ACUITY, COLOR VISION AND HEARING BE COMPLETED IN DETAIL.

(Signature of Medical Examiner)

**SEP 13 1956**

(Date)

BLAND, J. F.

ENCLOSURE

67-200486-173

b6  
b7C

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME (Type or print) <b>BLAND, JAMES FIELD</b>		2. GRADE AND COMPONENT OR POSITION <b>SPECIAL AGENT</b>	3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) <b>1310 ROSEDALE AVE. BETHESDA, MD.</b>		5. PURPOSE OF EXAMINATION <b>ANNUAL</b>	6. DATE OF EXAMINATION <b>9/24/57</b>
7. SEX <b>MALE</b>	8. RACE <b>WHITE</b>	9. TOTAL YRS. GOVT. SERVICE MILITARY      CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE
11. ORGANIZATION UNIT		12. DATE OF BIRTH <b>5/6/17</b>	
13. PLACE OF BIRTH <b>CGOWER, MISSOURI</b>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <b>NNMC</b>		16. OTHER INFORMATION	

17. RATING OR SPECIALTY		TIME IN THIS CAPACITY: TOTAL	LAST SIX MONTHS
<b>CLINICAL EVALUATION</b> (Check each item in appropriate column; enter "N. E." if not evaluated)		<b>NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)</b>	
NORMAL	ABNORMAL		
		18. HEAD, FACE, NECK, AND SCALP	
		19. NOSE	
		20. SINUSES	
		21. MOUTH AND THROAT	
		22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
		23. DRUMS (Perforation)	
		24. EYES—GENERAL (Visual acuity and refraction under items 60, 60, and 61)	
<b>NE</b>		25. OPHTHALMOSCOPIC	
		26. PUPILS (Equality and reaction)	
		27. OCULAR MOTILITY (Associated parallel movements; nystagmus)	
		28. LUNGS AND CHEST (Include breasts)	
		29. HEART (Thrust, size, rhythm, sounds)	
		30. VASCULAR SYSTEM (Varicosities, etc.)	
		31. ABDOMEN AND VISCERA (Include hernia)	
		32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated)	
		33. ENDOCRINE SYSTEM	
		34. G-U SYSTEM	
		35. UPPER EXTREMITIES (Strength, range of motion)	
		36. FEET	
		37. LOWER EXTREMITIES (Except feet) (Strength range of motion)	
		38. SPINE, OTHER MUSCULOSKELETAL	
		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	<b>XXX</b>	40. SKIN, LYMPHATICS	
		41. NEUROLOGIC (Equilibrium tests under item 72)	
		42. PSYCHIATRIC (Specify any personality deviation)	
Females only		(Check how done)	
		43. PELVIC <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

Small mass, left shoulder - (2) Fissure, gluteal fold  
(Observe) (Vioform Cortisone cream sample)

**ENCLOSURE** (Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES	
O.—Restorable teeth I.—Nonrestorable teeth X.—Missing teeth XXX.—Replaced by dentures (6 X 8).—Fixed bridge, brackets to include abutments		Searched Numbered 86	
R I G H T	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	MEETS DENTAL STANDARDS.	
L E F T	32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17	FEDERAL BUREAU OF INVESTIGATION	

45. URINALYSIS: SP. GR. <b>1.010</b>			46. CHEST X-RAY (Place, date, film number, result) <b>SEE REPORT</b>		47. SEROLOGY (Specify test used and result) <b>KAHN NEGATIVE</b>	
ALBUMIN	SUGAR	MICROSCOPIC	NEGATIVE <b>16079-57</b>			
<b>NEG.</b>	<b>NEG.</b>	<b>NEGATIVE</b>	49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS	
48. EKG <b>NORMAL</b>		<b>4 NOV 7 1957</b>		<b>3</b>		



MEASUREMENTS AND OTHER FINDINGS																																			
51. HEIGHT 68		52. WEIGHT 184		53. COLOR HAIR BROWN		54. COLOR EYES BLUE		55. BUILD: SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE <input type="checkbox"/>		56. TEMP. 98.6																									
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																													
SITTING SYS. 110 DIAS. 80		RECUM- BENT SYS. DIAS.		STANDING (3 min.) SYS. DIAS.		SITTING 82		AFTER EXERCISE		2 MIN. AFTER																									
59. DISTANT VISION		60. REFRACTION		61. NEAR VISION																															
RIGHT 20/20 CORR. TO 20/		BY		S. CX		.37 CORR. TO 20		BY 6																											
LEFT 20/20 CORR. TO 20/		BY		S. CX		.37 CORR. TO 20		BY 6																											
62. HETEROPHORIA: (Specify distance) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD																																			
63. ACCOMMODATION		64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED																											
RIGHT LEFT		ACC 1946 17/18						CORRECTED																											
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)				68. RED LENS		69. INTRAOCULAR TENSION																											
70. HEARING		71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																									
RIGHT WV 715 SV /15		<table border="1"> <tr> <td>250</td> <td>500</td> <td>1000</td> <td>2000</td> <td>4000</td> <td>8000</td> </tr> <tr> <td>250</td> <td>512</td> <td>1024</td> <td>2048</td> <td>4096</td> <td>8192</td> </tr> <tr> <td>RIGHT</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LEFT</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>								250	500	1000	2000	4000	8000	250	512	1024	2048	4096	8192	RIGHT						LEFT							
250	500	1000	2000	4000	8000																														
250	512	1024	2048	4096	8192																														
RIGHT																																			
LEFT																																			
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY																																			

(Use additional sheets of plain paper if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

REC'D - ADMIN. DIV.  
F.B.I.  
NOV 5 3 26 PM '57

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)						76. PHYSICAL PROFILE																	
						<table border="1"> <tr> <td>P</td> <td>U</td> <td>L</td> <td>H</td> <td>E</td> <td>S</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						P	U	L	H	E	S						
P	U	L	H	E	S																		
77. EXAMINEE (Check) <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT QUALIFIED FOR: Strenuous Physical Exertion and use of Firearms.						PHYSICAL CATEGORY																	
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER						<table border="1"> <tr> <td>A</td> <td>B</td> <td>C</td> <td>E</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>						A	B	C	E								
A	B	C	E																				
79. TYPED OR PRINTED NAME OF PHYSICIAN CAPT. MC HEN						SIGNATURE /s/																	
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE /s/																	
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						SIGNATURE /s/																	
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE /s/																	
						NUMBER OF ATTACHED SHEETS																	

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

REGISTER NO.

WARD NO.

STAFF CLINIC

BLAND, JAMES FIELD

FBI

AGE

SEX

(Check one)

☐ BEDSIDE, WHEELCHAIR,  
OR STRETCHER

☐ BED  
PATIENT

☐ AMBULATORY

EXAMINATION REQUESTED

b6

b7C

REQUESTED BY

DATE OF REQUEST

(Above space for mechanical imprinting, if used)

DR.

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO.

16079-57

DATE OF REPORT

RADIOGRAPHIC REPORT

10/15/57 CHEST: There is some parenchymal and left hilar calcification, but no evidence of active pulmonary disease. The heart is not enlarged. Essentially normal chest. VML:egc

b6

b7C

SURG. CDR. RCN

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519A (Rev. Aug. 1954)  
Promulgated by Bureau of the Budget  
Circular A-32 (Rev.)

9201 69-16-68906-51

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

ENCLOSURE

RADIOGRAPHIC REPORT.

**ATTACHMENT TO STANDARD FORM 88, REPORT OF MEDICAL EXAMINATION**  
(Revised August 10, 1956)

**FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER**

Name of examinee: \_\_\_\_\_  
(Type or print)                      Last                      First                      Middle

The following portions of the attached examination report form need not be completed:

2	67
3	68
11	69
14	71 (Item 71, audiometer examinations,
17	should be afforded whenever possible.)
62	
65	72

Item 48, the electrocardiogram, is not required unless the examinee is over 35 years of age or unless other examination indicates such is desirable.

If the examinee is an applicant, the Chest X-ray and blood type and Rh factor (Items 46 and 49) are not necessary unless the facilities for affording same are readily available to the examiner.

**FOR ALL EXAMINEES, WHETHER CLERICAL OR SPECIAL AGENT APPLICANTS OR EMPLOYEES:**

The medical examiner should answer the following question:

Examinee 15 qualified for strenuous physical exertion. (Designate which)  
(is or is not)

**FOR ALL MALE EMPLOYEES OR APPLICANTS:**

The medical examiner is requested to answer the following:

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms? ☐ Yes ☒ No

2. Does examinee have any defects prohibiting safe operation of motor vehicles? ☐ Yes ☒ No

If answer is "yes" please specify.

**IT IS ESSENTIAL THAT ALL STATEMENTS IN ITEMS 59, 61, 64 AND 70 PERTAINING TO VISUAL ACUITY, COLOR VISION AND HEARING BE COMPLETED IN DETAIL.**

\_\_\_\_\_  
(Signature of Medical Examiner)

**OCT 25 1957**

(Date)

**67-200 488-176**

**ENCLOSURE**

b6  
b7C

1. Agency and organizational designations <b>F.B.I., U. S. Dept. of Justice</b>		2. Pay roll period	3. Block No.	4. Slip No. <b>7192</b>
5. Employee's name (and social security account number when appropriate) <b>MR. JAMES F. BLAND SA 08714</b>		6. Grade and salary <b>GS 15 \$11,860</b>		

**PAY ROLL CHANGE DATA**

	BASE PAY	OVERTIME		GROSS PAY	RET.	TAX	BOND	F. I. C. A.		NET PAY
7. Previous normal										
8. New normal										
9. Pay this period										

10. Remarks:  <b>28 JUL 1 1957</b>	11. Appropriation(s)	12. Prepared by
		13. Audited by

<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase				
14. Effective date <b>7-1-57</b>	15. Date last equivalent increase <b>1-15-56</b>	16. Old salary rate <b>\$11,610</b>	17. New salary rate <b>\$11,880</b>	18. Performance rating is satisfactory or better.  <b>(28)</b> (Signature or other authentication)
19. LWOP data (Fill in appropriate spaces covering LWOP during following periods): Period(s): <input checked="" type="checkbox"/> No excess LWOP. Total excess LWOP:				(Check applicable box in case of excess LWOP): <input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period. <b>MA/mb</b> Initials of Clerk

*21-12*

Send to  
File - 10

## EMPLOYEE'S NOTICE OF INJURY OR OCCUPATIONAL DISEASE

Federal Employees' Compensation Act

This notice should be submitted to the immediate superior by an injured civil employee of the Federal Government, or by someone on his behalf, within 48 hours after the injury. Notice may be given either personally or by mail. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift when injury occurred, or results in any charge against the Bureau for medical expense, when it should be forwarded to the U. S. DEPARTMENT OF LABOR, Bureau of Employees' Compensation, together with the official superior's report of injury, Form C. A. 2. Before compensation is paid, written claim on Form C. A. 4 must be submitted to the Bureau.

Date of this notice February 28, 19 57

1. I hereby certify that I am employed as a Special Agent  
(Occupation)  
at the FBI, U. S. Dept of Justice, Washington, D. C.  
(Place of employment)  
and on Wednesday, February 27, 19 57, at 11:30 a.m.  
(Day of week) (Date) (Hour, a. m. or p. m.)  
I was injured in the performance of my duties at the U. S. Department of Justice  
(Location where injury occurred)  
Building Gymnasium

2. Cause of injury no apparent cause of injury  
(Describe as best you can how and why injury occurred)

3. Nature of injury pulled and strained muscles in calf of right leg  
(Name part of body affected—fractured left leg, bruised right thumb, etc.)

4. Names of witnesses to injury \_\_\_\_\_  
Mr. William P. Jones  
Mr. [redacted] b6  
b7C

5. If this notice was not given within 48 hours after the injury, explain reason for delay and state name of person to whom notice was first given, and when \_\_\_\_\_

This injury was not caused by my willful misconduct, intention to bring about the injury or death of myself or of another, nor by my intoxication, and I hereby make claim for compensation and medical treatment to which I may be entitled by reason of the injury sustained by me.

Name James F. Bland  
Address 4310 Rosedale Ave.  
(Street and number)  
Bethesda 14, Md.  
(City or town) (State)

# OFFICE SUPERIOR'S REPORT OF INJURY

(To be submitted to U. S. DEPARTMENT OF LABOR, BUREAU OF EMPLOYEES' COMPENSATION, Washington 25, D. C., as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Bureau for medical expense. This form should be accompanied by C. A. 1.)

Place of employment	1. Department <u>U. S. Dept. of Justice</u> Bureau or office _____ <small>(War, Navy, etc.)</small> 3. Place of employment <u>FBI</u> <u>Washington</u> <u>D. C.</u> <small>(City) (State)</small> 4. Reporting office _____ <small>(Location of reporting office or division headquarters)</small>	
	5. Name of superintendent or foreman in charge when injury occurred _____	
	6. Name of injured employee <u>James F. Bland</u> 7. Age <u>37</u> 8. Sex <u>Male</u> 9. Race <u>White</u> <small>(Give first name in full) (City or town) (State)</small>	
	10. Home address <u>4310 Rosedale Avenue</u> <u>Bethesda</u> <u>Maryland</u> <small>(Street and number) (City or town) (State)</small>	
	11. Occupation and division <u>Special Agent - FBI</u> 12. Was employee doing his regular work? <u>yes</u> If not, what work? _____ <small>(Give both, as laborer, hull division; helper, machine shop, etc.)</small>	
The injured employee	13. Total length of service with the Government as a civilian? <u>15 1/2 years</u>	
	14. How long at present work in this establishment? <u>6 1/2 years</u>	
	15. Dates of other injuries <u>none</u>	
	16. Rate of pay on date of injury, \$ <u>11.60</u> per <u>annum</u> { and subsistence valued at \$ <u>0.00</u> per <u>annum</u> { and quarters valued at \$ <u>0.00</u> per <u>annum</u>	
	17. Employee begins work at <u>9:00</u> a. m. 18. Regular day's work ends <u>5:30</u> p. m. <small>(Hour, a. m. or p. m.) (Hour, a. m. or p. m.)</small>	
	19. Hours worked per day <u>8</u> 20. Days paid per week <u>5</u>	
	21. Place where injury occurred <u>in gymnasium of Justice Building</u>	
	22. Date of injury <u>February 27, 1957</u> 19____; day of week <u>Wednesday</u> ; hour of day <u>11:30 a. m.</u> <small>(Give exact location, as name or number of building and division, etc.) (a. m. or p. m.)</small>	
	23. Date employee stopped work <u>no loss of work</u> day of week _____; hour of day _____ m. <small>(a. m. or p. m.)</small>	
	24. Date employee's pay stopped " " " " day of week _____; hour of day _____ m. <small>(a. m. or p. m.)</small>	
	25. Has employee returned to work? " " " " day of week _____; hour of day _____ m. <small>(a. m. or p. m.)</small>	
	26. Will employee receive pay for any portion of above absence on account of: (a) Annual leave <u>not applicable</u> (Give exact dates) (b) Sick leave " " (Give exact dates) (c) Any other reason " " (Give exact dates)	
	27. Describe in full how injury occurred <u>Injury occurred while attending scheduled supervised physical training. No apparent cause for injury.</u>	
	28. State part of body injured and nature and extent of injury <u>pulled and strained muscles in calf of right leg</u>	
The injury	29. Did injury cause loss of any member or part of member? <u>no</u> If so, describe exactly _____	
	30. Was employee injured while in performance of duty? <u>yes</u> If not, or in doubt, give detailed statement _____	
	31. Was injury caused by: (a) Willful misconduct of the employee? <u>no</u> (b) Intention of employee to bring about injury or death of himself or another? <u>no</u> (c) Employee's intoxication? <u>no</u> <small>(If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion)</small>	
	32. Was written notice of injury given within 48 hours? <u>yes</u> If not, did immediate superior have actual knowledge of injury? _____ <small>(Answer to question 5, Form C. A. 1, must be complete if notice was not given within 48 hours)</small>	
	33. Names and addresses of witnesses to injury <u>Mrs. William P. Jones - 7611 Nancemond St., Springfield, Va.</u> b6 <u>_____ Va.</u> b7C	
	34. Was injury caused by a third party other than a Government employee or agency? <u>no</u> If so, has employee been instructed in procedure under the Bureau's regulations? _____ <small>(A detailed statement should be forwarded with this report)</small>	

Medical attendance	35. Name and address of physician who first attended case <u>NONE</u> 36. How soon after injury? <u>N/A</u> 37. To what hospital sent? <u>N/A</u> Location _____ 38. Name and address of physician now attending case <u>N/A</u>	
	Signed this <u>28th</u> day of <u>February</u> , 19 <u>57</u> at <u>Washington, D. C.</u>	

C. A. 2  
Revised May 24, 1950

10-6027-4 (OVER)

## STATEMENT OF WITNESSES

[The statement of witness should tell just what the witness saw personally, or, if he did not see the injury occur, just what he knows about it and when and by whom the information was given him.]

143  
4 MAR 4 1957

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

PLEASE DO NOT MUTILATE THESE FORMS IN ANY WAY.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

(Signature of witness)

## STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST EXAMINED CASE

I CERTIFY that \_\_\_\_\_ was given first-aid treatment, or examined,  
on \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_ m., and \_\_\_\_\_ disabled for work. Probable length of  
disability will be \_\_\_\_\_ (Was or was not) In my opinion disability \_\_\_\_\_ due to injury  
on \_\_\_\_\_, 19\_\_\_\_ (Was or was not)

Nature of injury as found on examination \_\_\_\_\_

Hospitalized \_\_\_\_\_ Will return for further treatment \_\_\_\_\_

Discharged \_\_\_\_\_ Other disposition \_\_\_\_\_

Remarks \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

at \_\_\_\_\_

(Signature of medical officer)

(Title)

# REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME (Type or print) <b>Bland, James F.</b>		2. GRADE AND COMPONENT OR POSITION <b>special agent</b>	3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) <b>4310 Rosedale Ave., Bethesda 14, Md.</b>		5. PURPOSE OF EXAMINATION <b>annual exam</b>	6. DATE OF EXAMINATION <b>Sep. 9, 1958</b>
7. SEX <b>m</b>	8. RACE <b>white</b>	9. TOTAL YRS. GOVT. SERVICE MILITARY CIVILIAN <b>17</b>	10. DEPARTMENT, AGENCY, OR SERVICE
11. ORGANIZATION UNIT			
12. DATE OF BIRTH <b>5-6-17</b>		13. PLACE OF BIRTH <b>Gower, Missouri</b>	
14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN			
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <b>N.N.M.C.</b>			16. OTHER INFORMATION

17. RATING OR SPECIALTY		TIME IN THIS CAPACITY: TOTAL	LAST SIX MONTHS
CLINICAL EVALUATION		NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)	
NORMAL	ABNORMAL	(Check each item in appropriate column: enter "N. E." if not evaluated)	
		18. HEAD, FACE, NECK, AND SCALP	
		19. NOSE	
		20. SINUSES	
		21. MOUTH AND THROAT	
		22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
		23. DRUMS (Perforation)	
		24. EYES—GENERAL (Visual acuity and refraction under items 59, 60, and 61)	
<b>NE</b>		25. OPHTHALMOSCOPIC	
		26. PUPILS (Equality and reaction)	
		27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
		28. LUNGS AND CHEST (Include breasts)	
		29. HEART (Thrust, size, rhythm, sounds)	
		30. VASCULAR SYSTEM (Varicosities, etc.)	
		31. ABDOMEN AND VISCERA (Include hernia)	
		32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated)	
		33. ENDOCRINE SYSTEM	
		34. G-U SYSTEM	
		35. UPPER EXTREMITIES (Strength, range of motion)	
		36. FEET	
		37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
		38. SPINE, OTHER MUSCULOSKELETAL	
		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
		40. SKIN, LYMPHATICS	
		41. NEUROLOGIC (Equilibrium tests under item 72)	
		42. PSYCHIATRIC (Specify any personality deviation)	
Females only		(Check how done)	
		43. PELVIC <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

RECORDED

ENCLOSURE

RECORDED - 1267-300486-180  
(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES	
O.—Restorable teeth I.—Nonrestorable teeth		X.—Missing teeth XXX.—Replaced by dentures (6 X 8).—Fixed bridge, brackets to include abutments	
R I G H T	X 2 3 4 5 6 7 8 0 32 31 30 29 28 27 26 25	9 10 11 12 13 14 15 24 23 22 21 20 19 18 17	L E F T

3 OCT 21 1958  
Meets dental standards  
Caries NCD

45. URINALYSIS: SP. GR. <b>1.025</b>			46. CHEST X-RAY (Place, date, film number, result) <b>052589C neg.</b>		47. SEROLOGY (Specify test used and result) <b>neg.</b>	
ALBUMIN	SUGAR	MICROSCOPIC				
<b>neg.</b>	<b>neg.</b>	<b>neg.</b>				
48. EKG <b>normal</b>		49. BLOOD TYPE AND RH FACTOR <b>147</b>	50. OTHER TESTS <b>audiogram--normal</b>			

8 OCT 22 1958

38



ADMIN DIV.										MEASUREMENTS AND OTHER FINDINGS																			
51. HEIGHT		69		52. WEIGHT		168		53. COLOR HAIR		brown		54. COLOR EYES		blue		55. BUILD:		<input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		56. TEMP.		98.6							
57. BLOOD PRESSURE (Arm at heart level)										58. PULSE (Arm at heart level)																			
SITTING		SYS. 102		DIA. 72		STANDING (3 min.)		SYS. -		DIA. -		SITTING		80		AFTER EXERCISE		2 MIN. AFTER		RECUMBENT		AFTER STANDING 3 MIN.							
59. DISTANT VISION										60. REFRACTION										61. .62m NEAR VISION									
RIGHT 20		CORR. TO 20		LEFT 20		CORR. TO 20		BY S.		CX		BY S.		CX		20-7 CORR. TO		BY		20-7 CORR. TO		BY							
62. HETEROPHORIA: (Specify distance)										63. ACCOMMODATION										64. COLOR VISION (Test used and result)									
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV.		PC		PD		RIGHT		LEFT		1946 AOC 18 X 18		65. DEPTH PERCEPTION (Test used and score)							
																				UNCORRECTED		CORRECTED							
66. FIELD OF VISION										67. NIGHT VISION (Test used and score)										68. RED LENS				69. INTRAOCCULAR TENSION					
70. HEARING										71. AUDIOMETER										72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)									
RIGHT WV 15		75 SV 15		LEFT WV 15		75 SV 15		250		500		1000		2000		3000		4000		5000									
RIGHT		0		0		0		0		0		0		0		0		0		0									
LEFT		0		0		0		0		0		0		0		0		0		0									

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets of plain paper if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)										76. PHYSICAL PROFILE																					
										<table border="1"> <tr> <td>P</td> <td>U</td> <td>L</td> <td>H</td> <td>E</td> <td>S</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>										P	U	L	H	E	S						
P	U	L	H	E	S																										
77. EXAMINEE (Check) <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT										78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER																					
Strenuous Physical Exertion and use of Firearms.										PHYSICAL CATEGORY <table border="1"> <tr> <td>A</td> <td>B</td> <td>C</td> <td>E</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>										A	B	C	E								
A	B	C	E																												
79. TYPED OR PRINTED NAME OF PHYSICIAN										SIGNATURE																					
CAPT, MC, USN										S/																					
80. TYPED OR PRINTED NAME OF PHYSICIAN										SIGNATURE																					
										b6 b7C																					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)										SIGNATURE																					
										S/																					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY										SIGNATURE										NUMBER OF ATTACHED SHEETS											

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO:

EAR CLINIC

FROM: (Requesting ward, unit, or activity)

STAFF CLINIC

DATE OF REQUEST

9-9-58

REASON FOR REQUEST (Complaints and findings)

*Johnston*  
This SA, FBI appeared this date for his annual physical examination and it was noted that he has never been afforded an audiogram. Please do an audiogram for record purposes.

Thank you,

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

☐ BEDSIDE

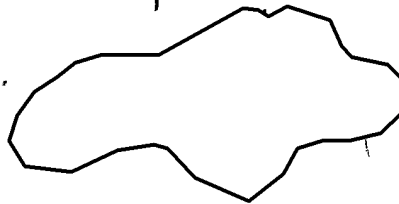
☒ ON CALL

☐ EMERGENCY

☒ ROUTINE

G. E. JOHNSTON, CAPT. MC, USN CONSULTATION REPORT

9/9/58 - Hearing entirely normal



b6  
b7C

(Continued on reverse side)

SIGNATURE AND TITLE

DATE

IDENTIFICATION NO.

ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

BLAND, JAMES FIELD

SPECIAL AGENT, FBI

CONSULTATION SHEET

Standard Form 513

ENCLOSURE

ATTACHMENT TO STANDARD FORM 88, REPORT OF MEDICAL EXAMINATION  
FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER

Name of Examinee: Pland James F.  
 (Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	62
3	65
11	67
14	68
17	69
46	71
48	72
49	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible.

FOR ALL EXAMINEES, WHETHER CLERICAL OR SPECIAL AGENT APPLICANTS  
 OR EMPLOYEES:

*The medical examiner should answer the following question:*

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

TO BE ANSWERED IN THE CASE OF ALL MALE EMPLOYEES AND MALE APPLICANTS:

- Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?  
☒ No ☐ Yes. If "yes" please specify defects. \_\_\_\_\_
- Does examinee have any defects prohibiting safe operation of motor vehicles?  
☒ No ☐ Yes. If "yes" please specify defects. \_\_\_\_\_

67-200026-180

Weights for Males

Height Feet-Inches	SMALL FRAME		MEDIUM FRAME		LARGE FRAME	
	Desirable	Maximum	Desirable	Maximum	Desirable	Maximum
5 4	121-131	143	129-139	152	136-148	162
5 5	124-134	146	132-142	155	140-152	166
5 6	128-138	151	136-146	160	144-157	172
5 7	131-142	155	140-151	165	148-161	176
5 8	135-146	160	144-155	170	152-165	181
5 9	139-150	164	148-159	174	156-170	186
5 10	143-154	168	152-163	178	160-175	192
5 11	147-159	174	156-168	184	164-180	197
6 0	152-164	179	161-173	189	169-185	203
6 1	158-170	186	166-179	196	174-191	209
6 2	163-175	192	171-184	201	179-197	216
6 3	168-180	197	176-189	207	184-202	221
6 4	174-186	204	182-195	214	190-208	228
6 5	180-191	209	188-201	220	196-214	234

3. Examinee's frame is ☐ small ☐ medium ☒ large

4. Considering above weight table, the examinee's frame and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

5. Under proper medical supervision, examinee should ☐ lose \_\_\_\_\_ pounds

☐ gain \_\_\_\_\_ pounds

Remarks: \_\_\_\_\_

b6  
b7C

(Signature of Medical Examiner)

OCT 2 1958

(Date)

# Office Memorandum • UNITED STATES GOVERNMENT

TO : DIRECTOR, FBI

DATE: February 19, 1958

FROM : A. H. BELMONT *AB*

SUBJECT: SA JAMES F. BLAND  
Subversive Control Section  
Domestic Intelligence Division

## ATTITUDE

The purpose of this memorandum is to report that the captioned employee reported for work on 2-18-58, notwithstanding the extremely hazardous travel conditions. In accordance with the Director's instructions this is to be made a matter of record in the employee's personnel file and considered as a COMMENDATION.

On Saturday, 2-15-58, the Washington, D. C., area was blanketed by fourteen inches of snow as a result of a storm which the Weather Bureau termed the worst that has struck this area in twenty-two years. Thereafter, high winds and near zero temperatures set in for several days making travel conditions extremely hazardous.

On Monday, 2-17-58, in recognition of the hardships and hazards that Federal Government employees would face in coming to work, a White House announcement was made encouraging such employees to stay home and take a day of annual leave. During the late afternoon of 2-17-58, a further official announcement emanated from the White House instructing that all Government employees who were not considered essential would be excused from work on 2-18-58 on Administrative Leave.

The captioned employee considered his work and his services to the FBI so essential that in spite of the foregoing announcement he took it upon himself to come to work and perform his regularly assigned duties. This is considered a highly exemplary attitude on the part of this employee and his actions in this instance certainly demonstrate his devotion to duty and the fact that he places his employment with the FBI above his personal convenience.

## RECOMMENDATION:

That this memorandum be placed in the employee's personnel file.

## REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME (Type or print) <b>Bland, James Field</b>			2. GRADE AND COMPONENT OR POSITION <b>Special Agent</b>		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)			5. PURPOSE OF EXAMINATION <b>Annual Exam.</b>		6. DATE OF EXAMINATION <b>8-11-59</b>	
7. SEX <b>M</b>	8. RACE <b>W</b>	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____		10. AGENCY		11. ORGANIZATION UNIT
12. DATE OF BIRTH <b>5-6-1917</b>		13. PLACE OF BIRTH <b>Gower, Missouri</b>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <b>NNMC</b>				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL
	18. HEAD, FACE, NECK, AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
<b>NE</b>	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	<b>X</b>
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

REC-132 67- 189  
4 DEC 16 1959 67Mod. sized pigmented mole left molar region  
Small firm mass point of shoulder

REC-132

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES	
O—Restorable teeth —Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures (6 X 8)—Fixed bridge, brackets to include abutments																			
R	X																X	L	
I	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	E	
G	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16	T	
H																			
T																			

## LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY <b>1.020</b>		46. CHEST X-RAY (Place, date, film number and result) <b>9-15-59 (14 x 17)</b> <b>15792 - 59 Neg.</b>	
B. ALBUMIN <b>Neg.</b>	D. MICROSCOPIC <b>Neg.</b>	50. OTHER TESTS <b>Plastic Surgery - See report</b>	
C. SUGAR <b>Neg.</b>	48. EKG <b>Normal</b>	49. BLOOD TYPE AND RH FACTOR	
47. SEROLOGY (Specify test used and result) <b>Neg.</b>		51. OTHER TESTS	

# MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 69"		52. WEIGHT 165		53. COLOR HAIR Brown		54. COLOR EYES Blue		55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE				56. TEMPERATURE 98.6											
57. BLOOD PRESSURE (Arm at heart level)								58. PULSE (Arm at heart level)															
A. SITTING		SYS. 124		EXERCISE		SYS. 128		C. STANDING (3 min.)		SYS. 68		D. RECUMBENT											
DIAS. 74		RECUMBENT		DIAS. 68																			
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION															
RIGHT 20		CORR. TO 20		BY		S.		OX		20-6		CORR. TO BY											
LEFT 20		CORR. TO 20		BY		S.		OX		20-6		CORR. TO BY											
62. HETEROPHORIA (Specify distance)																							
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT		PC PD											
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)				UNCORRECTED											
RIGHT LEFT				AOC 1940 18-18								CORRECTED											
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST				69. INTRAOCULAR TENSION											
70. HEARING				71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)											
RIGHT WV		/15 SV		/15		250		500		1000		2000		3000		4000		6000		8000			
LEFT WV		/15 SV		/15		RIGHT		LEFT															
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY																							

(Use additional sheets if necessary)

## 74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

40. Verrucca

## 75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Plastic Surgery 11-13-59

## 77. EXAMINEE (Check)

- A. ☒ IS QUALIFIED FOR  
B. ☐ IS NOT QUALIFIED FOR

## 78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER.

## 79. TYPED OR PRINTED NAME OF PHYSICIAN

## 80. TYPED OR PRINTED NAME OF PHYSICIAN

## 81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

## 82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

## 76. A. PHYSICAL PROFILE

P	U	L	H	E	S

## B. PHYSICAL CATEGORY

A	B	C	E

## SIGNATURE

## SIGNATURE

## SIGNATURE

## SIGNATURE

NUMBER OF ATTACHED SHEETS

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO:

PLASTIC SURGERY

FROM: (Requesting ward, unit, or activity)

STAFF CLINIC

DATE OF REQUEST

8-19-59

REASON FOR REQUEST (Complaints and findings)

This FBI SA appeared this date for annual physical examination. He reveals a small firm superficial mass on the point of left shoulder. He states it is tender to pressure.

He also has a pigmented mole in the left malar region.

Please examine and advise re removal.

PROVISIONAL DIAGNOSIS

b6  
b7C

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

☐ BEDSIDE

☒ ON CALL

☐ EMERGENCY

☒ ROUTINE

CONSULTATION REPORT

9-15-59 @ 1300

To excision 9-29-59

9-29-59

Excised.

Sutures out of face Shoulder redressed.

(Continued on reverse side)

SIGNATURE AND TITLE

DATE

IDENTIFICATION NO.

ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

Bland, James F. FBI

CONSULTATION SHEET

Standard Form 513

ENCLOSURE 67-189



ATTACHMENT TO STANDARD FORM 88, REPORT OF MEDICAL EXAMINATION  
FOR INFORMATION AND GUIDANCE OF MEDICAL EXAMINER

Name of Examinee: BLAND, JAMES F.  
 (Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	62
3	65
11	67
14	68
17	69
46	71
48	72
49	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible.

FOR ALL EXAMINEES, WHETHER CLERICAL OR SPECIAL AGENT APPLICANTS  
 OR EMPLOYEES:

*The medical examiner should answer the following question:*

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

TO BE ANSWERED IN THE CASE OF ALL MALE EMPLOYEES AND MALE APPLICANTS:

- Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?  
☒ No ☐ Yes. If "yes" please specify defects. \_\_\_\_\_
- Does examinee have any defects prohibiting safe operation of motor vehicles?  
☒ No ☐ Yes. If "yes" please specify defects. \_\_\_\_\_

67-189

# Weights for Males

Height Feet-Inches	SMALL FRAME		MEDIUM FRAME		LARGE FRAME	
	Desirable	Maximum	Desirable	Maximum	Desirable	Maximum
5 4	121-131	143	129-139	152	136-148	162
5 5	124-134	146	132-142	155	140-152	166
5 6	128-138	151	136-146	160	144-157	172
5 7	131-142	155	140-151	165	148-161	176
5 8	135-146	160	144-155	170	152-165	181
5 9	139-150	164	148-159	174	156-170	186
5 10	143-154	168	152-163	178	160-175	192
5 11	147-159	174	156-168	184	164-180	197
6 0	152-164	179	161-173	189	169-185	203
6 1	158-170	186	166-179	196	174-191	209
6 2	163-175	192	171-184	201	179-197	216
6 3	168-180	197	176-189	207	184-202	221
6 4	174-186	204	182-195	214	190-208	228
6 5	180-191	209	188-201	220	196-214	234

3. Examinee's frame is ☐ small ☐ medium ☒ large

4. Considering above weight table the examinee's frame and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

5. Under proper medical supervision, examinee should ☐ lose \_\_\_\_\_ pounds

☐ gain \_\_\_\_\_ pounds

Remarks: \_\_\_\_\_

b6  
b7C

(Signature of Medical Examiner)

NOV 13 1959

(Date)

1. Agency and organizational designations <b>F.B.I., U.S. Dept. of Justice</b>		2. Pay roll <b>D</b>	3. Block No.	4. Slip No.
5. Employee's name (and social security account number when appropriate) <b>03714 MR. JAMES F. BLAND SA</b>		6. Grade and salary <b>GS 15 \$13,370</b>		

**PAY ROLL CHANGE DATA**

	BASE PAY	OVERTIME		GROSS PAY	RET.	TAX	BOND	F. I. C. A.		NET PAY
7. Previous normal										
8. New normal										
9. Pay this period										

10. Remarks:	11. Appropriation(s)	12. Prepared by
	<i>29</i>	13. Audited by

☒ Periodic step-increase    ☐ Pay adjustment    ☐ Other step-increase

14. Effective date <b>1-11-53</b>	15. Date last equivalent increase <b>7-14-57</b>	16. Old salary rate <b>\$13,070</b>	17. New salary rate <b>\$13,370</b>	18. Performance rating is satisfactory or better.  <i>P. M. [Signature]</i> (Signature or other authentication)
--------------------------------------	---	--	--	--

19. LWOP data (Fill in appropriate spaces covering LWOP during following period(s):  
Period(s):  
☒ No excess LWOP. Total excess LWOP: \_\_\_\_\_

(Check applicable box in case of excess LWOP)  
☐ In pay status at end of waiting period.  
☐ In LWOP status at end of waiting period.

**MA/kfv** Initials of Clerk

*3/10/58*

# REPORT OF MEDICAL EXAMINATION

**FBI**

1. LAST NAME—FIRST NAME—MIDDLE NAME (Type or print) <b>Gland James Field</b>		2. GRADE AND COMPONENT OR POSITION <b>Special Agent</b>	3. IDENTIFICATION NUMBER <b>7-22-60</b>
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)		5. PURPOSE OF EXAMINATION <b>Annual Exam</b>	6. DATE OF EXAMINATION <b>7-22-60</b>
7. SEX <b>M</b>	8. RACE <b>W</b>	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____	10. AGENCY 11. ORGANIZATION UNIT
12. DATE OF BIRTH <b>5-6-17</b>	13. PLACE OF BIRTH <b>Gower, Missouri</b>	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <b>NMNC</b>		16. OTHER INFORMATION	
17. RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 61)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulas) (Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

*Pres planus 2°*

*slight sensory loss, residual, RT leg. laterally. surgery for disc 3/4/60*

**205**

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																	
<div> <div>O—Restorable teeth</div> <div>I—Nonrestorable teeth</div> <div>X—Missing teeth</div> <div>XXX—Replaced by dentures</div> <div>(G.N.)—Fixed bridge, brackets to include abutments</div> </div>																	
R	X	2	3	4	5	6	7	8	9	10	11	12	13	14	15	X	L
I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	E
H											O						T
Y																	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES  
**57**  
*Matto Dental Standards*

45. URINALYSIS: A. SPECIFIC GRAVITY <b>1.017</b>		46. CHEST X-RAY (Place, date, film number and result) <b>7-22-60 (14X17)</b>	
B. ALBUMIN <b>Neg</b>	D. MICROSCOPIC <b>Neg</b>	<b>14301 - See report</b>	
C. SUGAR <b>Neg</b>	47. SEROLOGY (Specify test used and result) <b>Neg</b>	48. BLOOD TYPE AND RH FACTOR <b>147 WNL</b>	49. OTHER TESTS <b>3/21</b>

60 1960

# MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 5' 9"		52. WEIGHT 164		53. COLOR HAIR Brown		54. COLOR EYES Blue		55. BUILD: <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE			56. TEMPERATURE 98.4		
57. BLOOD PRESSURE (Arm at heart level) 118/78						58. PULSE (Arm at heart level) 88							
A. SITTING		B. RECUMBENT		C. STANDING (3 min.)		A. SITTING		B. AFTER EXERCISE		C. 2 MIN. AFTER		D. RECUMBENT	
SYS. 118 DIAS. 78		SYS. DIAS.		SYS. DIAS.		88							
59. DISTANT VISION				60. REFRACTION				61. 75 M NEAR VISION					
RIGHT 20/20		CORR. TO 20/		BY		S.		OX		20/16		CORR. TO	
LEFT 20/20		CORR. TO 20/		BY		S.		OX		20/16		CORR. TO	
62. HETEROPHORIA (Specify distance)													
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT		PC PD	
63. ACCOMMODATION				64. COLOR VISION (Test used and result) AOC-1946 8/18				65. DEPTH PERCEPTION (Test used and score)				UNCORRECTED	
RIGHT LEFT												CORRECTED	
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST				69. INTRAOCULAR TENSION	
70. HEARING				71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)	
RIGHT WV /15 SV /15.				250 500 1000 2000 3000 4000 6000 8000 250 518 1024 2048 3072 4096 6144 8192									
LEFT WV 15 /15 SV 15 /15				RIGHT									
				LEFT									

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

REC'D - ADMIN. DIV  
FBI  
AUG 11 11 16 AM '60

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED. (Specify)						76. A. PHYSICAL PROFILE					
						P U L H E S					
77. EXAMINEE (Check) A. <input checked="" type="checkbox"/> IS QUALIFIED FOR B. <input type="checkbox"/> IS NOT QUALIFIED FOR						B. PHYSICAL CATEGORY					
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER						A B C E					

79. TYPED OR PRINTED NAME OF PHYSICIAN		SIGNATURE	
80. TYPED OR PRINTED NAME OF PHYSICIAN		SIGNATURE	
81. TYPED OR PRINTED NAME OF PHYSICIAN		SIGNATURE	

b6  
b7c

PATIENT'S LAST NAME — FIRST NAME — MIDDLE NAME

REGISTER NO.

WARD NO.

BLAND, JAMES FIELD

STAFF CLINIC

AGE SEX (Check one)

☐ BEDSIDE, WHEELCHAIR,  
OR STRETCHER

☐ BED  
PATIENT

☐ AMBULATORY

EXAMINATION REQUESTED

REQUESTED BY

DATE OF REQUEST

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO.

14301

DATE OF REPORT

RADIOGRAPHIC REPORT

22 Jul 60

CHEST: There is evidence of minimal pleural adhesion in the right cardiophrenic angle. There is not evidence of active pulmonary disease. The cardiac silhouette is normal in size and contour. There is an old healed rib fracture involving the lateral aspect of the right 9th rib. No change is seen in comparison with a film of 15 Sep 1959. DEM:nma

Department of Radiology,  
U.S. Naval Hospital  
National Naval Medical Center  
Bethesda 14, Maryland

LT MC USN

b6  
b7C

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 518A (Rev. Aug. 1954)  
Promulgated by Bureau of the Budget  
Circular A-32 (Rev.)

RADIOGRAPHIC REPORT

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

67-

205

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee  
(Type or print)

Bland  
Last

James  
First

Field  
Middle

The following portions of the attached examination report form need not be completed:

2.	62
3	65
4	67
9	68
11	69
14	72
17	76

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible.

**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

*The medical examiner should answer the following question:*

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Male Employees and Male Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No

☐ Yes

If "yes" please specify defects. \_\_\_\_\_

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No

☐ Yes

If "yes" please specify defects. \_\_\_\_\_

If examinee has defective vision, should he wear corrective glasses while operating a motor vehicle? ☐ Yes ☐ No

ENCLOSURE 2

200

### Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

3. Examinee's frame is ☐ small ☐ medium ☒ large
4. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
5. Under proper medical supervision, examinee should ☐ lose \_\_\_\_\_ pounds b6  
☐ gain \_\_\_\_\_ pounds b7C

Remarks: \_\_\_\_\_

(Signature of Medical Examiner)

7/27/00  
(Date)



**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

0  
Name of Examinee BLAND JAMES F. DIV 5  
(Type or print) WT. 162 1/2 LBS. Last First Middle  
Height 69  
Frame Large

The following portions of the attached examination report form need not be completed:

2	62
3	65
4	67
9	68
11	69
14	72
17	76

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible.

**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

*The medical examiner should answer the following question:*

Examinee ☐ is ☐ is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Male Employees and Male Applicants:**

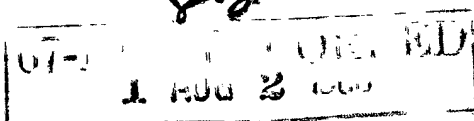
1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☐ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☐ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

If examinee has defective vision, should he wear corrective glasses while operating a motor vehicle? ☐ Yes ☐ No



3/8

**Desirable Weight Ranges for Males**

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

3. Examinee's frame is ☐ small ☐ medium ☐ large

4. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☐ Satisfactory ☐ Excessive ☐ Deficient

5. Under proper medical supervision, examinee should ☐ lose \_\_\_\_\_ pounds  
☐ gain \_\_\_\_\_ pounds

b6  
b7C

Remarks: \_\_\_\_\_

  
 (Signature of Medical Examiner)

July 21, 1960  
 (Date)

September 27, 1960

PERSONAL

Mr. James F. Pland  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Pland:

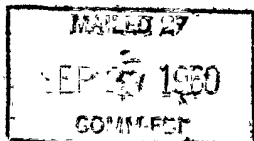
The briefing which you presented at a committee meeting on September 21, 1960, concerning subversive activities in Puerto Rico was certainly noteworthy and I am writing to express my sincere appreciation.

Many commendatory remarks have been received on the excellence and effectiveness of your work. Your discussion was carefully organized, thoroughly prepared and skillfully delivered and has brought much credit to you and to the Bureau. It is a pleasure to commend you for your splendid performance in this instance.

Sincerely yours,

J. Edgar Hoover

SEP 27 3 38 PM '60  
FBI  
READING ROOM



REC-143

1 - Mr. Belmont (Personal Attention)  
Re Interdepartmental Intelligence Conference (IIC).

1 - Miss [redacted] (Sent Direct)

CMT:rd.

(5)PT

67-200486

Tolson \_\_\_\_\_  
Mohr \_\_\_\_\_  
Parsons \_\_\_\_\_  
Belmont \_\_\_\_\_  
Callahan \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Malone \_\_\_\_\_  
McGuire \_\_\_\_\_  
Rosen \_\_\_\_\_  
Tamm \_\_\_\_\_  
Trotter \_\_\_\_\_  
W.C. Sullivan \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Ingram \_\_\_\_\_  
Gandy \_\_\_\_\_

MAIL ROOM ☐

TELETYPE UNIT ☐

b6  
b7C

**MEDICAL REPORTS**

Personnel File of: BLAND, JAMES FIELD

Personnel File No. 67-200486



*3/cht*

Please send original to

STAFF CLINIC

Standard Form 513  
Rev. August 1954  
Promulgated  
By Bureau of the Budget  
Circular A-32

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO:

PLASTIC SURGERY

FROM: (Requesting ward, unit, or activity)

STAFF CLINIC

DATE OF REQUEST

8-19-59

REASON FOR REQUEST (Complaints and findings)

This FBI SA appeared this date for annual physical examination. He reveals a small firm superficial mass on the point of left shoulder. He states it is tender to pressure.

He also has a pigmented mole in the left malar region.

Please examine and advise re removal.

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

☐ BEDSIDE

☒ ON CALL

☐ EMERGENCY

☒ ROUTINE

G. R. JOHNSTON, CAPT., MC USN

CONSULTATION REPORT

9-15-59 @ 1300

Incision 9/29/59

n 1 Del

9-29-59

Excised

Sutures out of face

Shoulder redressed

(Continued on reverse side)

SIGNATURE AND TITLE

DATE

IDENTIFICATION NO.

ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

Staff Clinic, WMMC  
Bethesda, Maryland

BLAND, James F.

FBI

CONSULTATION SHEET  
Standard Form 513

ddd 4-21-60

CLINICAL RECORD		NARRATIVE SUMMARY
DATE OF ADMISSION <b>3-1-60</b>	DATE OF DISCHARGE <b>3-25-60</b>	NUMBER OF DAYS HOSPITALIZED

**BLAND, JAMES FIELD** (Sign and date at end of narrative) **FBI**  
Admission diagnosis: **EXCISED HERNIATED NUCLEUS PULPUSUS, L4, L5, right**  
**77360**

Discharge diagnosis: **CAH**

Operation: **Excision herniated nucleus pulposus, L4, L5, right 7029**

Summary:

This was the first LMC admission of this 42 year old white male FBI worker who gave a 15 year history of intermittent back pain. About 3 weeks prior to admission while indulging in athletics pain became progressively much worse and about 4 days later was followed with radiating pain into the right thigh, calf, dorsal foot and great toe. This was associated as well with numbness over the same distribution and disappearance of the back pain. The right foot became weak and began to drag on walking. No bowel or bladder or sexual complaints were elicited.

The patient was a well developed and nourished male of stated age in moderately acute distress. The general physical examination was not remarkable but special examination revealed the patient walked with a marked right leg limp and a complete right foot drop. He was able to stand erect but forward bending was limited and there was pain on bending to the left but not to the right. Intercapineous tenderness was present in the L4-5 interscapineous space. Hypalgesia was elicited over the first web space on the right and along the medial right foot and leg as well. Straight leg raising was limited to 130 degrees of extension on the right with marked sciatic stretch tenderness. Deep and superficial reflexes were normal.

Routine blood count, urinalysis, and blood serology were normal. X-rays of the spine were not remarkable.

On 3-4-60 the patient was taken to the operating room where the 4th (Use additional sheets of this form (Standard Form 502) if more space is required) (1)

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
------------------------	------	--------------------	--------------

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date, hospital or medical facility)	REGISTER NO.	WARD NO.
---	--------------	----------

**BLAND, James Field CIVILIAN CAU II**  
**U.S. Naval Hospital, Bethesda, Maryland**

NARRATIVE SUMMARY  
Standard Form 502

CLINICAL RECORD		NARRATIVE SUMMARY	
DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED	

(Sign and date at end of narrative)

MR. JAMES FIELD III  
and the lumbar spaces on the right were explored and a large extended disc space found at the L4-5 interspace. This was removed from underneath the mass and the entire intervertebral space evacuated of degenerative disc material.

The post operative course was entirely unremarkable with the patient becoming rapidly ambulatory and given an intensive course of physiotherapy. Three weeks following the operation he was able to walk with a normal gait but still unable to maintain dorsiflexion of the right foot on heel walking. He was fitted with a back brace, discharged from the hospital to be followed in the neurosurgical outpatient department while on leave from his job. He will be returned to duty as soon as physically able from convalescence determined in the outpatient department.

b6  
b7C

DATE IN USE

(Use additional sheets of this form (Standard Form 502) if more space is required) (2)

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date, hospital or medical facility) <u>MR. JAMES FIELD</u> <u>CHIEF OF STAFF</u> <u>U.S. Army</u> <u>U.S. Army Hospital, Fort Belvoir, Illinois</u>		REGISTER NO. <u>27555</u>	WARD NO.

NARRATIVE SUMMARY  
Standard Form 502

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES  
(Sign all notes)

DATE

8/21/64 Had excision of 1x1 cm adenomatous  
procto polyp at 6 am about 5-6 months  
ago. Here for follow-up. No  
rectal bleeding, tenesmus -  
Inspection - No lesions  
Digital - Prostate + mucosa normal  
Proctoscoped to 25 cm and no  
abnormalities found.

b6  
b7C

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first,  
middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

W.H. BLAND JF  
(James F.)

3-84-69

DOCTOR'S PROGRESS NOTES  
Standard Form 509  
509-106

3/10/8



Standard Form No. 2809 CHAPTER I-5 F.P.M. 6 GAO 3000		<b>HEALTH BENEFITS REGISTRATION FOR</b> FEDERAL EMPLOYEES HEALTH BENEFITS ACT OF 1959 (Read Instructions on back of last page. Use only typewriter or ballpoint pen.)				CARRIER'S CONTROL NO. <b>3215243</b>																							
<b>PART A</b> ALL WHO REGISTER MUST FILL IN THIS PART.	1. NAME (LAST) (FIRST) (MIDDLE INITIAL) <b>Bland James F.</b>		2. DATE OF BIRTH (Use numbers) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">MONTH</td> <td style="width:33%;">DAY</td> <td style="width:33%;">YEAR</td> </tr> <tr> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> <td style="text-align: center;">17</td> </tr> </table>		MONTH	DAY	YEAR	5	6	17	3. Are you now married? YES <input checked="" type="checkbox"/> 1 NO <input checked="" type="checkbox"/> 2																		
	MONTH	DAY	YEAR																										
	5	6	17																										
	4. YOUR MAILING ADDRESS (NUMBER AND STREET) (CITY AND ZONE NUMBER) (STATE) <b>4310 Rosedale Ave., Bethesda 14, Maryland</b>			5. SEX MALE <input checked="" type="checkbox"/> 1 FEMALE <input checked="" type="checkbox"/> 2																									
6. Are you covered by, or is any family member listed below covered by or enrolling in, a plan under the Federal Employees Health Benefits Act of 1959 (through the enrollment of another United States or District of Columbia Government employee or annuitant)? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			7. Place an "X" in proper box to show your annual basic salary range. <table style="width:100%;"> <tr> <td style="width:33%;">UNDER \$4,000 <input checked="" type="checkbox"/> 1</td> <td style="width:33%;">\$6,000 TO \$9,999 <input checked="" type="checkbox"/> 3</td> </tr> <tr> <td>\$4,000 TO \$5,999 <input checked="" type="checkbox"/> 2</td> <td>\$10,000 OR OVER <input checked="" type="checkbox"/> 4</td> </tr> </table>			UNDER \$4,000 <input checked="" type="checkbox"/> 1	\$6,000 TO \$9,999 <input checked="" type="checkbox"/> 3	\$4,000 TO \$5,999 <input checked="" type="checkbox"/> 2	\$10,000 OR OVER <input checked="" type="checkbox"/> 4																				
UNDER \$4,000 <input checked="" type="checkbox"/> 1	\$6,000 TO \$9,999 <input checked="" type="checkbox"/> 3																												
\$4,000 TO \$5,999 <input checked="" type="checkbox"/> 2	\$10,000 OR OVER <input checked="" type="checkbox"/> 4																												
<b>PART B</b> FILL IN THIS PART IF YOU WISH TO EN- ROLL IN A HEALTH BENEFITS PLAN.  If enrollment is for self only, answer item 1. If enrollment is for self and family, also answer item 2 and item 3 if it applies.  b6 b7C—	1. I elect to enroll in a health benefits plan as shown below. I authorize deductions to be made from my salary, compensation, or annuity to cover my share of the cost of the enrollment. (Copy the information requested below from inside cover of brochure of the plan you select.) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">NAME OF PLAN <b>Samba Plan</b></td> <td style="width:20%;">OPTION (HIGH OR LOW)</td> <td style="width:30%;">ENROLLMENT CODE NUMBER <div style="display: flex; justify-content: space-around;"><div>4</div><div>4</div><div>2</div></div></td> </tr> </table>					NAME OF PLAN <b>Samba Plan</b>	OPTION (HIGH OR LOW)	ENROLLMENT CODE NUMBER <div style="display: flex; justify-content: space-around;"><div>4</div><div>4</div><div>2</div></div>																					
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	2. In space below list all eligible family members without exception: List your wife or husband first, then your unmarried children under age 19, including legally adopted children, and stepchildren and illegitimate children who live with you in a regular parent-child relationship. Include also any unmarried child over 19 who became disabled before age 19 and who, because of the disability, is incapable of self-support. (Attach a doctor's certificate for a disabled child age 19 or over.) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">NAMES OF FAMILY MEMBERS</th> <th style="width:15%;">DATE OF BIRTH (Month, Day, Year)</th> <th style="width:35%;">NAMES OF FAMILY MEMBERS</th> <th style="width:15%;">DATE OF BIRTH (Month, Day, Year)</th> </tr> </thead> <tbody> <tr> <td>Wife or Husband</td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;">6</td> </tr> <tr> <td></td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">7</td> </tr> <tr> <td></td> <td style="text-align: center;">3</td> <td></td> <td style="text-align: center;">8</td> </tr> <tr> <td></td> <td style="text-align: center;">4</td> <td></td> <td style="text-align: center;">9</td> </tr> <tr> <td></td> <td style="text-align: center;">5</td> <td></td> <td style="text-align: center;">10</td> </tr> </tbody> </table>					NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	NAMES OF FAMILY MEMBERS	DATE OF BIRTH (Month, Day, Year)	Wife or Husband	1		6		2		7		3		8		4		9		5		10
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	2		7																										
	3		8																										
	4		9																										
	5		10																										
3. If you are a female (employee or annuitant)—does the family listed above include a husband who is incapable of self-support by reason of mental or physical disability which can be expected to continue for more than one year? (If answer is "Yes," attach a doctor's certificate.) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>																													
THIS PART MUST ALSO BE FILLED IN IF YOU CHANGE YOUR ENROLLMENT.																													
<b>PART C</b> FILL IN THIS PART IF YOU WISH NOT TO ENROLL OR IF YOU WISH TO CANCEL YOUR ENROLLMENT.	PLACE AN "X" IN ITEM 1 OR ITEM 2, WHICHEVER APPLIES AND ANSWER ITEM 3.																												
	<table style="width:100%;"> <tr> <td style="width:33%;">           1. I elect not to enroll in any plan under the Health Benefits Act. <input type="checkbox"/> </td> <td style="width:33%;">           3. The reason for my election is (Place an "X" in proper box):            (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> 1            (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input type="checkbox"/> 2            (c) Any other reason. <input type="checkbox"/> 3         </td> </tr> <tr> <td>           2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/> </td> <td></td> </tr> </table>					1. I elect not to enroll in any plan under the Health Benefits Act. <input type="checkbox"/>	3. The reason for my election is (Place an "X" in proper box): (a) I am covered by a plan under the Health Benefits Act through the enrollment of my husband, wife, or parent. <input type="checkbox"/> 1 (b) I am covered by a health insurance plan which is not under the Health Benefits Act. <input type="checkbox"/> 2 (c) Any other reason. <input type="checkbox"/> 3	2. I elect to cancel my present enrollment under the Health Benefits Act. <input type="checkbox"/>																					
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<b>PART D</b> FILL IN THIS PART IF YOU WISH TO CHANGE YOUR ENROLLMENT.	I elect to change my enrollment as shown by the enrollment number and other information in Part 8.																												
	<table style="width:100%;"> <tr> <td style="width:33%;">           1. Enrollment code number of present plan.  <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </td> <td style="width:33%;">           2. Number of event which permits change.            (See table on back of duplicate for proper number.)  <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </td> <td style="width:33%;">           3. Date of event which permits change.  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">MONTH</td> <td style="width:33%;">DAY</td> <td style="width:33%;">YEAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> </td> </tr> </table>					1. Enrollment code number of present plan. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	2. Number of event which permits change. (See table on back of duplicate for proper number.) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	3. Date of event which permits change. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">MONTH</td> <td style="width:33%;">DAY</td> <td style="width:33%;">YEAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	MONTH	DAY	YEAR																		
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<b>PART E</b> ALL WHO REGISTER MUST FILL IN THIS PART.	YOUR SIGNATURE—DO NOT PRINT <i>James F. Bland</i>		DATE <b>6/3/60</b>																										
	WARNING.—Any intentional false statement in this application or willful misrepresentation relative thereto is a violation of the law, punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001.)																												
<b>PART F</b> TO BE COMPLETED BY AGENCY.	NAME AND ADDRESS OF EMPLOYING OFFICE <div style="border: 1px solid black; height: 40px; width: 100%;"></div> FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE WASHINGTON 25, D. C. (SIGNATURE OF AUTHORIZED AGENCY OFFICIAL)		2. DATE RECEIVED IN EMPLOYING OFFICE <b>6-3-60</b>		3. EFFECTIVE DATE OF ELECTION																								
			4. PAYROLL OFFICE NO. <b>15-02-0001</b>		5. PAYROLL ACTION (INITIALS AND DATE) <i>[Signature]</i>																								
REMARKS FOR USE ONLY BY ANNUITANTS AND AGENCY.	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>NOT RECORDED</b>  <b>10 JUN 15 1960</b> </div>																												
	<i>Orig. ret to Data Processing 2-13-73 [Signature]</i>																												

# NOTIFICATION OF PERSONNEL ACTION

50-106-13

1. NAME (LAST [CAPS]—First—Middle—Mr.—Miss—Mrs.) <b>BLAND, JAMES F. (MR.)</b>		2. DATE OF BIRTH <b>5-6-17</b>	3. IDENTIFICATION (optional) <b>#03714</b>
4. THIS IS AN OFFICIAL NOTICE OF THE PERSONNEL ACTION DESCRIBED BELOW, WHICH AFFECTS YOUR EMPLOYMENT. GENERAL INFORMATION CONCERNING YOUR EMPLOYMENT APPEARS ON THE REVERSE SIDE OF THIS FORM.			
5. NATURE OF ACTION (standard terminology must be used) <b>PROMOTION</b>		6. EFFECTIVE DATE OF ACTION <b>6-14-60</b>	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>EXCEPTED BY LAW</b>
FROM— <b>Special Agent</b>  <b>GS 15</b> <b>\$13,370 per annum</b>		8. POSITION TITLE AND NUMBER  9. SERIES, GRADE, SALARY  10. NAME AND LOCATION OF OFFICE BY WHICH EMPLOYED  11. DUTY STATION	TO— <b>Supervisory Special Agent</b> <b>(Chief of the Subversive Control Section)</b>  <b>GS 16</b> <b>\$14,190 per annum</b>
<input type="checkbox"/> Yes		12. APPORTIONED POSITION	<input type="checkbox"/> Yes <input type="checkbox"/> Apportionment Waived <input type="checkbox"/> Proved
13. VETERAN PREFERENCE No <input checked="" type="checkbox"/> 5-pt. <input type="checkbox"/> 10-pt. Disab. <input type="checkbox"/> 10-pt. Other <input type="checkbox"/>		14. TENURE GROUP	
15. POSITION OCCUPIED IS IN THE: <input type="checkbox"/> Competitive Service <input checked="" type="checkbox"/> Excepted Service		16. APPROPRIATION From: S. & E., FBI To: SAME	
17. PAYROLL DEDUCTIONS CSR <input type="checkbox"/> FICA <input type="checkbox"/> FEGLI <input type="checkbox"/>		18. DATE OF APPOINTMENT AFFIDAVITS (accessions only)	
19. REMARKS: <input type="checkbox"/> a. Subject to completion of 1 year probationary (or trial) period commencing _____ <input type="checkbox"/> b. Service counting toward career (or permanent) tenure from: _____ Separations: Show reasons below, as required. Check, if applicable: <input type="checkbox"/> c. During probation <input type="checkbox"/> d. From appointment of 6 months or less			
<p><b>This promotion is temporary and will remain in effect only for the duration of present assignment.</b></p> <p><b>Basis for this position is Section 505(e) of the Classification Act of 1949 as amended.</b></p> <div style="border: 1px solid black; padding: 5px; display: inline-block;"><b>NOT RECORDED</b></div> <div style="text-align: right; margin-top: 20px;"><i>jch</i></div>			
20. EMPLOYING DEPARTMENT OR AGENCY <b>U. S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF INVESTIGATION</b>		22. SIGNATURE (or other authentication) AND TITLE  <i>J. E. Hoover</i> <b>Director</b> <b>6-14-60</b>	
21. OFFICE MAINTAINING OFFICIAL PERSONNEL FOLDER (if different than item 10, above) <b>FEDERAL BUREAU OF INVESTIGATION WASHINGTON 25, D. C.</b>		23. DATE	

# REPORT OF TERMINATION OF TOTAL OR PARTIAL DISABILITY

(Cross out one)

[To be forwarded to the U. S. DEPARTMENT OF LABOR, BUREAU OF EMPLOYEES' COMPENSATION, Washington 25, D. C., through official channels as soon as disability from injury terminates. This form to be submitted for each injury resulting in any disability, whether or not employee makes claim for compensation.]

1. Department Justice 2. Bureau or office Federal Bureau of Investigation  
(War, Navy, etc.) (Engineer, Navigation, etc.)
3. Place of employment Justice Building, Washington, D. C.
4. Full name of injured employee James F. Bland (BEC File X-1288461) (State.)
5. Time of injury 2/11, 1960 Thursday 9:15 a.m.  
(Date.) (Day of week.) (Hour, a. m. or p. m.)
6. Time employee stopped work 2/15, 1960 Monday 9:00 a.m.  
(Date.) (Day of week.) (Hour, a. m. or p. m.)
7. Time employee's pay stopped did not, 1960 Monday 9:00 a.m.  
(Date.) (Day of week.) (Hour, a. m. or p. m.)
8. First day employee was able to resume work 2/23/60 & 5 hrs 2/24/60, 1960 Monday 9:00 a.m.  
(Date.) (Day of week.) (Hour, a. m. or p. m.)
9. Did employee return to the same work and at same rate of pay after termination of disability? Yes  
If so, when? 5/16/60 If not, state character of work performed upon return to duty and rate paid employee for such work Not applicable
10. Actual time disabled (including Sundays and holidays) 91 days, 5 hours days.
11. Number of days for which employee would have received pay had he not been disabled Not applicable days.
12. If employee was receiving subsistence as part of his wages, was such subsistence furnished during entire period of disability? Not applicable not, give dates on which subsistence was not furnished Not applicable
13. Has employee been paid for any portion of above absence on account of—  
(a) Annual leave? Not applicable  
(b) Sick leave? Yes, for entire period; see above items 6., 7., and 8.  
(c) Any other reason Not applicable (Give exact dates.)
14. Nature of injury Ruptured spinal disc
15. Remarks None

[The following information is to be furnished only in case of death resulting from an injury sustained while in the performance of duty. If death results immediately, or if no Report of Injury has previously been submitted, such report, on Form O. A. 2, should be forwarded herewith.]

## REPORT OF DEATH

16. Full name of deceased employee
17. Time of death (Date.) 19 (Day of week.) (Hour, a. m. or p. m.)
18. Time employee's pay stopped (Date.) 19 (Day of week.) (Hour, a. m. or p. m.)
19. Place of death (Name of hospital, establishment, etc.) (City or town, and State.)
20. Immediate cause of death
21. Widow of deceased employee (Give full name.) (Address.)
22. Children of deceased employee under 18 years of age, or those over 18 who are incapable of self-support:  
Name. Age.
23. Names, relationship, and addresses of all other persons known to be dependent, in any degree, upon decedent at time of death:  
Name. Relationship. Address.

X Signed this 27<sup>th</sup> day of May, 1960 X

Please Do Not Mutilate This Form In Any Way

( JAMES F. <sup>0</sup>BLAND)

Bulet to BEC, 5-21-60

Encl. CA-3

JRC

76

ED

3/1/62

UNITED STATES GOVERNMENT

# Memorandum

TO : MR. A. H. BELMONT

DATE: 5/16/60

FROM : MR. J. F. BLAND

Attention: Personnel Section

SUBJECT: SA JAMES F. BLAND  
Section Chief, Subversive Control Section, Domestic Intelligence Division

Remylet \_\_\_\_\_  
Rebulet \_\_\_\_\_

- ☐ Re physical examination \_\_\_\_\_.
- ☐ Weight without clothing now is \_\_\_\_\_.
- ☐ Dental work was completed on \_\_\_\_\_.
- ☐ Vision has been corrected to \_\_\_\_\_.
- ☐ Chest X-ray results were negative.
- ☒ Personal physician advised he is qualified for strenuous physical exertion and the use of firearms. (See separate Form FD-300)
- ☐ Attached are Bureau of Employees' Compensation forms \_\_\_\_\_.
- ☐ Physical examination reports are enclosed.
- ☐ Employee is scheduled for physical examination on \_\_\_\_\_.
- ☐ Employee has reviewed and initialed his physical examination report.
- ☒ Employee returned to active duty 5/16/60.
- ☒ Employee's physical condition is satisfactory.
- ☐ UACB he is being removed from limited duty.
- ☐ UACB he is being placed on limited duty.

## REMARKS

JFB:mjt 7/8/60

Yateil 7/8/60 for

RECORDED  
MAY 23 1960

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee BLAND, JAMES F.  
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	62
3	65
4	67
9	68
11	69
14	72
17	76

- 46. Is necessary unless facilities for affording same are not readily available.
- 48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
- 49. Is necessary unless facilities for affording same are not readily available.
- 71. Audiometer examinations should be afforded whenever possible.

**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

*The medical examiner should answer the following question:*

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Male Employees and Male Applicants:**

- ✓ 1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

- ✓ 2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

If examinee has defective vision, should he wear corrective glasses while operating a motor vehicle? ☐ Yes ☐ No

ENCLOSURE

*3*  
*me*

### Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

3. Examinee's frame is ☒ small ☐ medium ☐ large

4. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

5. Under proper medical supervision, examinee should ☐ lose \_\_\_\_\_ pounds

☐ gain \_\_\_\_\_ pounds

Remarks:

*Return to duty 5-10-60*

b6  
b7C

*[Signature]*  
(Signature of Medical Examiner)

*5-10-60*  
(Date)

# EMPLOYEE'S NOTICE OF INJURY OR OCCUPATIONAL DISEASE

Federal Employees' Compensation Act

This notice should be submitted to the immediate superior by an injured civil employee of the Federal Government, or by someone on his behalf, within 48 hours after the injury. Notice may be given either personally or by mail. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift when injury occurred, or results in any charge against the Bureau for medical expense, when it should be forwarded to the U. S. DEPARTMENT OF LABOR, Bureau of Employees' Compensation, together with the official superior's report of injury, Form C. A. 2. Before compensation is paid, written claim on Form C. A. 4 must be submitted to the Bureau.

Date of this notice 2/24/60, 1960

1. I hereby certify that I am employed as a Special Agent  
(Occupation)

at the Federal Bureau of Investigation  
(Place of employment)

and on Thursday, 2/11, 1960, at 9:15 a. m.  
(Day of week) (Date) (Hour, a. m. or p. m.)

I was injured in the performance of my duties at regularly scheduled, supervised  
(Location where injury occurred)  
gymnasium period in the gymnasium in the Justice Building.

2. Cause of injury a strain or pulling of the lower part of the back and  
(Describe as best you can how and why injury occurred)  
resultant nerve damage while participating in supervised gymnasium  
activities.

3. Nature of injury strain or pulling of the lower part of the back  
(Name part of body affected—fractured left leg, bruised right thumb, etc.)  
and resultant nerve damage, possible disc injury.

4. Names of witnesses to injury SA Paul L. Cox and SA  

b6  
b7C

b6  
b7C

5. If this notice was not given within 48 hours after the injury, explain reason for delay and state name

of person to whom notice was first given, and when Mr. J. A. Sizoo aware of injury  
2/12/60. Condition became worse during week end and consulted physician  
who confined me to bed until 2/23/60. On 2/23/60 & 2/24/60 consulted  
Dr.   to whom I was referred by my family physician,  
Dr.  

This injury was not caused by my willful misconduct, intention to bring about the injury or death of myself or of another, nor by my intoxication, and I hereby make claim for compensation and medical treatment to which I may be entitled by reason of the injury sustained by me.

Name James G. Bland

Address 4310 Rosedale Avenue  
(Street and number)

Bethesda Maryland  
(City or town) (State)



# OFFICIAL SUPERIOR'S REPORT OF INJURY

[To be submitted to U. S. DEPARTMENT OF LABOR, BUREAU OF EMPLOYEES' COMPENSATION, Washington 25, D. C., as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Bureau for medical expense. This form should be accompanied by C. A. 1.]

Place of employment	1. Department <u>Justice</u> <small>(War, Navy, etc.)</small>	2. Bureau or office <u>Federal Bureau of Investigation</u> <small>(Engineer, Navigation, etc.)</small>
	3. Place of employment <u>F. B. I. - Justice Building</u> <small>(Arsenal, navy yard, etc.)</small>	<u>Washington</u> <small>(City)</small>
	4. Reporting office <u>F. B. I., Washington</u> <small>(Location of reporting office or division headquarters)</small>	<u>D. C.</u> <small>(State)</small>
	5. Name of superintendent or foreman in charge when injury occurred <u>(coach)</u>	
	6. Name of injured employee <u>James F. Bland</u> <small>(Give first name in full)</small>	7. Age <u>42</u>
	8. Sex <u>Male</u>	9. Race <u>White</u>
	10. Home address <u>4310 Rosedale Avenue, Bethesda</u> <small>(Street and number)</small>	<u>Maryland</u> <small>(City or town)</small>
	11. Occupation and division <u>Special Agent - FBI</u> <small>(Give both, as laborer, hull division; helper, machine shop, etc.)</small>	12. Was employee doing his regular work? <u>Yes</u>
The injured employee	13. Total length of service with the Government as a civilian? <u>18 1/2 years</u>	
	14. How long at present work in this establishment? <u>10 years</u>	
	15. Dates of other injuries <u>None</u>	
	16. Rate of pay on date of injury, \$ <u>13,320</u> per annum	{ and subsistence valued at \$ _____ per _____ and quarters valued at \$ _____ per _____
	17. Employee begins work at <u>9:00</u> a. m.	18. Regular day's work ends <u>5:30</u> p. m.
	19. Hours worked per day <u>8</u> <small>(Hour, a. m. or p. m.)</small>	20. Days paid per week <u>5</u> <small>(Hour, a. m. or p. m.)</small>
	21. Place where injury occurred <u>Gymnasium - Justice Building</u> <small>(Give exact location, as name or number of building and division, etc.)</small>	
	22. Date of injury <u>2/11/60</u> , 19____; day of week <u>Thursday</u> ; hour of day <u>9:15 a. m.</u> <small>(a. m. or p. m.)</small>	
	23. Date employee stopped work <u>2/12/60</u> , 19____; day of week <u>Friday</u> ; hour of day <u>5:30 p. m.</u> <small>(a. m. or p. m.)</small>	
	24. Date employee's pay stopped <u>no loss of pay</u> <small>(a. m. or p. m.)</small>	
	25. Has employee returned to work? <u>Returned to work 2/23/60 at 9:00 a. m.; however, has been on sick leave since 3:30 p. m. 2/24/60</u> <small>(Give date and hour)</small>	
	26. Will employee receive pay for any portion of above absence on account of: (a) Annual leave _____ (b) Sick leave <u>9:00 a. m. 2/15/60 thru 5:30 p. m. 2/19/60; 3:30 thru 5:30 2/23/60; 11:30 to 12:30 2/24/60</u> <u>continuing on sick leave</u> <small>(Give exact dates)</small>	
	27. Describe in full how injury occurred <u>Injury occurred during regularly scheduled, supervised gymnasium period by a back strain</u>	
	28. State part of body injured and nature and extent of injury <u>back - a strain or pulling of the lower part of the back and resultant nerve damage, possible disc injury. See diagnosis of Dr. [redacted] attached.</u>	
The injury	29. Did injury cause loss of any member or part of member? <u>No</u> . If so, describe exactly _____	
	30. Was employee injured while in performance of duty? <u>Yes</u> . If not, or in doubt, give detailed statement _____	
	31. Was injury caused by: (a) Willful misconduct of the employee? <u>No</u> . (b) Intention of employee to bring about injury or death of himself or another? <u>No</u> . (c) Employee's intoxication? <u>No</u> . <small>(If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion)</small>	
	32. Was written notice of injury given within 48 hours? <u>Yes</u> . If not, did immediate superior have actual knowledge of injury? <u>Yes</u> <small>(Answer to question 5, Form C. A. 1, must be complete if notice was not given within 48 hours)</small>	
	33. Names and addresses of witnesses to injury <u>SA Paul L. Cox, 2101 Ingraham St., Avondale Terrace, Hyattsville, Md</u> <u>SA [redacted]</u>	
	34. Was injury caused by a third party other than a Government employee or agency? <u>No</u> . If so, h employee been instructed in procedure under the Bureau's regulations? <small>(A detailed statement should be forwarded with this report)</small>	
Medical attendance	35. Name and address of physician who first attended case <u>Id.</u>	
	36. How soon after injury? <u>72 hours</u>	
	37. To what hospital sent? <u>was not hospitalized at this time.</u>	
	38. Name and address of physician now attending case <u>Dr. [redacted] (as above)</u>	

Signed this 24th day of February, 19 60  
at Washington, D. C.

## STATEMENT OF WITNESSES

[The statement of witness should tell just what the witness saw personally, or, if he did not see the injury occur, just what he knows about it and when and by whom the information was given him.]

On February 11, 1960, I participated in the regular gymnasium period with Special Agent Bland. Immediately following return to his office from the gymnasium he complained of pain in his back and stated he had strained himself during the gymnasium period. During the afternoon of February 11 he stated the pains and discomfort in his back had increased.

Signed this 24th day of February, 1960

Paul R. Cox  
(Signature of witness)

Immediately following the regular gymnasium period on February 11, 1960, Special Agent Bland told me that he had felt a sudden severe pain in the lower part of his back which pain started while he was exercising and still continued to bother him.

b6  
b7C

Signed this 24th day of February, 1960

## STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST EXAMINED CASE

I CERTIFY that \_\_\_\_\_ (Name of employee) was given first-aid treatment, or examined, on \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_ m., and \_\_\_\_\_ (Was or was not) disabled for work. Probable length of disability will be \_\_\_\_\_ In my opinion disability \_\_\_\_\_ (Was or was not) due to injury on \_\_\_\_\_, 19\_\_\_\_.

Nature of injury as found on examination \_\_\_\_\_

Hospitalized \_\_\_\_\_

Discharged \_\_\_\_\_

Remarks \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_

at \_\_\_\_\_

(JAMES F. BLAND)

Please Do Not Mutilate These Forms In Any Way

# STATEMENT OF WITNESSES

[The statement of witness should tell just what the witness saw personally, or, if he did not see the injury occur, just what he knows about it and when and by whom the information was given him.]

67-1000-1000  
10 1930

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

3/1/60

Bulet to BEC, 3-8-60  
Encl Supp. CA-2  
JWM:jrc

(JAMES F. BLAND)

Please Do Not Mutilate This Form In Any Way

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

(Signature of witness)

## STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST EXAMINED CASE

I CERTIFY that James F. Bland was given first-aid treatment, or examined, on 15 Feb, 1960, at 3:00 P.m. and was disabled for work. Probable length of disability will be 6 wks to two months In my opinion disability was due to injury on 11 Feb, 1960 (Was or was not)

Nature of injury as found on examination Rupture of inter vertebral disc at L5

Hospitalized yes Will return for further treatment \_\_\_\_\_

Discharged \_\_\_\_\_ Other disposition \_\_\_\_\_

Remarks Injury to back occurred during organized physical exercise on 11 Feb 1960

Signed this 26 day of Feb, 1960  
at 12:30 P.M.

(Signature of medical officer or physician)

Physician

(Title)

5024 Bethesda Ave  
Beth Md

# OFFICIAL SUPERIOR'S REPORT OF INJURY

[To be submitted to U. S. DEPARTMENT OF LABOR, BUREAU OF EMPLOYEES' COMPENSATION, Washington 25, D. C., as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Bureau for medical expense. This form should be accompanied by C. A. 1.]

Place of employment	1. Department _____ <small>(War, Navy, etc.)</small>	2. Bureau or office _____ <small>(Engineer, Navigation, etc.)</small>
	3. Place of employment _____ <small>(Arsenal, navy yard, etc.)</small>	(City) _____ (State) _____
	4. Reporting office _____ <small>(Location of reporting office or division headquarters)</small>	
	5. Name of superintendent or foreman in charge when injury occurred _____	
The injured employee	6. Name of injured employee _____ <small>(Give first name in full)</small>	7. Age _____ 8. Sex _____ 9. Race _____
	10. Home address _____ <small>(Street and number)</small>	(City or town) _____ (State) _____
	11. Occupation and division _____ <small>(Give both, as laborer, hull division; helper, machine shop, etc.)</small>	12. Was employee doing his regular work? _____ If not, what work? _____
	13. Total length of service with the Government as a civilian? _____	
	14. How long at present work in this establishment? _____	
	15. Dates of other injuries _____	
	16. Rate of pay on date of injury, \$ _____ per _____ <div style="display: flex; justify-content: flex-end; align-items: center;"> <span style="font-size: 2em;">{</span> <div style="margin-left: 5px;"> and subsistence valued at \$ _____ per  and quarters valued at \$ _____ per </div> </div>	
	17. Employee begins work at _____ m. 18. Regular day's work ends _____ m. <small>(Hour, a. m. or p. m.)</small>	
	19. Hours worked per day _____ 20. Days paid per week _____	
	21. Place where injury occurred _____ <small>(Give exact location, as name or number of building and division, etc.)</small>	
The injury	22. Date of injury _____, 19____; day of week _____; hour of day _____ <small>(a. m. or p. m.)</small>	
	23. Date employee stopped work _____, 19____; day of week _____; hour of day _____ <small>(a. m. or p. m.)</small>	
	24. Date employee's pay stopped _____, 19____; day of week _____; hour of day _____ <small>(a. m. or p. m.)</small>	
	25. Has employee returned to work? _____ <small>(Give date and hour)</small>	
	26. Will employee receive pay for any portion of above absence on account of: <div style="display: flex; justify-content: space-between;"> <div>(a) Annual leave _____ <small>(Give exact dates)</small></div> <div>(b) Sick leave _____ <small>(Give exact dates)</small></div> <div>(c) Any other reason _____ <small>(Give exact dates)</small></div> </div>	
	27. Describe in full how injury occurred _____ _____ _____	
	28. State part of body injured and nature and extent of injury _____ _____	
	29. Did injury cause loss of any member or part of member? _____ If so, describe exactly _____ _____	
	30. Was employee injured while in performance of duty? _____ If not, or in doubt, give detailed statement _____ _____	
	31. Was injury caused by: <div style="display: flex; justify-content: space-between;"> <div>(a) Willful misconduct of the employee? _____ <small>(If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion)</small></div> <div>(b) Intention of employee to bring about injury or death of himself or another? _____</div> <div>(c) Employee's intoxication? _____</div> </div>	
	32. Was written notice of injury given within 48 hours? _____ If not, did immediate superior have actual knowledge of injury? _____ <small>(Answer to question 5, Form C. A. 1; must be complete if notice was not given within 48 hours)</small>	
	33. Names and addresses of witnesses to injury _____ _____ _____	
	34. Was injury caused by a third party other than a Government employee or agency? _____ If so, has employee been instructed in procedure under the Bureau's regulations? _____ <small>(A detailed statement should be forwarded with this report)</small>	
	35. Name and address of physician who first attended case _____	
	Medical attendance	36. How soon after injury? _____
37. To what hospital sent? _____		Location _____
38. Name and address of physician now attending case _____		

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

at \_\_\_\_\_

(Signature of reporting officer)

(Title)

ARTHUR A. MORRIS, M. D., F. I. C. S., F. A. C. S.

Reg. No. 8398

WILLIAM H. PHILPOTT, M. D.

Reg. No. 9006

Neurology  
Neurological Surgery  
Electroencephalography

Suite 702 Medical Center  
915 19th Street, N. W.  
WASHINGTON 6, D. C.  
Phone: RE. 7-4600

Name James F. Bland Date 2/24/66

Address .....

R This will certify that I examined  
the above on 2/23/66. My Dx is  
ruptured lumbar disc and he needs  
to be admitted for myelogram stat,  
because of the paralysis of R. foot

Refill 0-1-2 PRN  
6117

 M. D.

b6  
b7C

FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

*W. J. Wilson*  
*per [unclear]*

Name of Employee: JAMES F. BLAND

Where Assigned: Domestic Intelligence Subversive Control Section  
(Division) (Section, Unit)

Official Position Title: Section Chief - GS-16

Rating Period: from April 1, 1960 to March 31, 1961

ADJECTIVE RATING: OUTSTANDING  
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's  
Initials

Rated by:

Inspector

b6  
b7C

4/14/61

Title

Date

Reviewed by:

Assistant Director

4/14/61

Signature

Title

Date

Rating Approved by:

Assistant to  
the Director

4/14/61

Signature

Title

Date

TYPE OF REPORT

(X) Official  
(X) Annual

REC-146

( )

Searched

Num

Administrative

MAY 26 1961

( ) 60-Day

( ) 90-Day

( ) Transfer

( ) Separation from Service

( ) Special

4 JUN 1 1961

*3-14*

NARRATIVE COMMENTS

Note: The regulations require that OUTSTANDING ratings be supported by a statement in writing setting forth IN DETAIL the performance IN EVERY ASPECT and the REASONS for considering each worthy of SPECIAL COMMENDATION. UNSATISFACTORY ratings must be supported by a statement in writing stating (1) WHEREIN the performance is unsatisfactory, (2) the facts of the (90 day) PRIOR WARNING, and (3) the efforts made AFTER THE WARNING TO HELP the employee bring his performance up to a satisfactory level.

# PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee JAMES F. BLAND Title Section Chief - Subversive Control Section  
 Rating Period: from 4/1/60 to 3/31/61

## RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared. Rate items as follows:  
 + Outstanding (exceeding excellent and deserving of special commendation).  
 E Excellent.  
 ✓ Satisfactory (good or very good).  
 - Unsatisfactory.  
 O No opportunity to appraise performance during rating period.

### Guide for determining adjective rating:

1. "Outstanding" adjective rating requires (A) that all rated elements be "+" and (B) that each and every rated element be factually justified by narrative detail on reverse of Form FD-185.
2. "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
  - A. Any element rated "Unsatisfactory" must be supported by narrative comments.
  - B. An "official" adjective rating of "Unsatisfactory" must comply with the requirements described on the reverse of form FD-185.

- |  |   |
|--|---|
| <p>+ (1) Personal appearance.<br/>       + (2) Personality and effectiveness of his personal contacts.<br/>       + (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load).<br/>       + (4) Physical fitness (including health, energy, stamina).<br/>       + (5) Resourcefulness and ingenuity.<br/>       + (6) Forcefulness and aggressiveness as required.<br/>       + (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.<br/>       + (8) Initiative and the taking of appropriate action on own responsibility.<br/>       + (9) Planning ability and its application to the work.<br/>       + (10) Accuracy and attention to pertinent detail.<br/>       + (11) Industry, including energetic, consistent application to duties.<br/>       + (12) Productivity, including amount of acceptable work produced, and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control.<br/>       + (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.<br/>       O (14) Technical or mechanical skills.<br/>       O (15) Investigative ability and results:<br/>           - (a) Internal security cases<br/>           - (b) Criminal or general investigative cases<br/>           - (c) Fugitive cases<br/>           - (d) Applicant cases<br/>           - (e) Accounting cases<br/>       O (16) Physical surveillance ability.</p> | <p>+ (17) Firearms ability.<br/>       + (18) Development of informants and sources of information.<br/>       + (19) Reporting ability:<br/>           O (a) Investigative reports<br/>           + (b) Summary reports<br/>           + (c) Memos, letters, wires<br/>           (Consider: conciseness; clarity; organization; thoroughness; accuracy; adequacy and pertinency of leads; administrative detail.)<br/>       O (20) Performance as a witness.<br/>       + (21) Executive ability:<br/>           - (a) Leadership<br/>           - (b) Ability to handle personnel<br/>           - (c) Planning<br/>           - (d) Making decisions<br/>           - (e) Assignment of work<br/>           - (f) Training subordinates<br/>           - (g) Devising procedures<br/>           - (h) Emotional stability<br/>           - (i) Promoting high morale<br/>           - (j) Getting results<br/>       O (22) Ability on raids and dangerous assignments:<br/>           - (a) As leader<br/>           - (b) As participant<br/>       + (23) Organizational interest, such as making of suggestions for improvement.<br/>       + (24) Ability to work under pressure.<br/>       - (25) Miscellaneous. Specify and rate:<br/>           + Dictation ability<br/>       + <u>Additional responsibility</u></p> |
|--|---|

A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.): \_\_\_\_\_

**Section Chief**

B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker): Administrator

- C. (1) Is employee available for general assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)  
 (2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)

D. 1. Has employee had an abnormal sick leave record during rating period? No 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? Yes (If answer to either question is "Yes," explain in narrative comments.)

E. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No  
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

ADJECTIVE RATING: OUTSTANDING EMPLOYEE'S INITIALS \_\_\_\_\_  
 Outstanding, Excellent, Satisfactory, Unsatisfactory



JAMES F. BLAND

Mr. Bland has continued to serve throughout the rating period as Section Chief of the Subversive Control Section, Domestic Intelligence Division. This Section has the responsibility for the supervision of the investigation of individuals alleged to be subversive. Incident to this operation, and as a part of the responsibility of the Section, Mr. Bland supervises certain of the FBI's most critical and important investigative programs. It is highly important that all of the work under his supervision be current, up-to-date, and always in shape so these programs or any portion thereof could be made operational in a matter of minutes.

Mr. Bland has an ideal personality for his assignment. He makes a splendid appearance and impression. He is extremely effective in the handling of personnel and in his relationships with other Bureau officials and Government officials outside the Bureau. He has a most exemplary attitude in connection with the broad responsibilities of the Bureau, as well as those specifically charged to him. He is completely loyal, cooperative, and dependable. He is filled with enthusiasm, is dedicated to his work, and gladly shares all the burdens and responsibilities delegated to the FBI. Mr. Bland is outstanding in the qualities of forcefulness, aggressiveness, initiative, and the capacity for taking action on his own responsibility. He is most industrious and devotes himself fully to the work of the Bureau.

While Mr. Bland underwent an operation early in 1960, he is now in fine physical condition, is available for any type of dangerous or arduous assignment, and has no physical limitations whatsoever.

Mr. Bland brings to his assignment a vast amount of investigative and supervisory experience in the field and extensive Seat of Government supervisory experience. He is outstanding in the planning and supervision of the work of his Section. His productivity, as well as that of the personnel assigned to him, is always of an extremely high order. He sets a very fine example for accuracy, attention to details, and general performance, and inspires the same on the part of subordinate personnel, as shown by the high caliber of the work performed in his Section. He has a complete knowledge of the duties, work, functions and regulations of the Bureau as they apply to his work.

Employee's Initials \_\_\_\_\_

JAMES F. BLAND

Mr. Bland has an outstanding capacity for the preparation of letters, memoranda and other material which are complete and informative, yet succinct and to the point.

Mr. Bland's personality characteristics are such as to indicate outstanding performance and qualifications in all phases of the work of a Special Agent of the FBI. He is available and qualified for any type of executive assignment in the Bureau. He is completely dedicated to and interested in all facets of the Bureau's work and has the capacity for maximum performance and production under all circumstances. He has been commended several times by the Director for his outstanding performance during his Bureau career, and has received two such commendations during the current rating period.

Through his extensive experience in the field and at the Seat of Government, Mr. Bland has demonstrated that he is an outstanding executive, having all those qualifications which are necessary and desirable for the leadership, direction and supervision of subordinate personnel.

Employee's Initials \_\_\_\_\_

JAMES F. BLAND

PART II - SPECIFIC COMMENTS

1. Justification for any Minus Ratings Given: N.A.
2. Experience and Ability as Inspector's Aide: Mr. Bland is a qualified Inspector's Aide; however, he did not function in that capacity during the rating period.
3. Participation in Informant Programs: N.A.
4. Testifying Experience and Ability: Although he has not testified during the rating period, his make-up is such as to indicate he would be a very effective witness.
5. Disciplinary Action: None.
6. Accounting Information: N.A.
7. Police Instruction: N.A.
8. Sound Training: N.A.
9. Resident Agents: N.A.
10. Foreign Language Ability: N.A.

Employee's Initials \_\_\_\_\_

11. Administrative Advancement:

- a. Agent is interested in administrative advancement - Yes x  
No
- b. Agent is completely available for administrative advancement - Yes x  
No
- c. Agent is considered completely qualified at present for administrative advancement including experience, ability, personality and appearance- Yes x  
No
- d. His qualifications for administrative advancement are considered to be (answered only if answer to "c" is "Yes") -  
Very Good       
Excellent       
Outstanding x
- e. Agent has potential for future administrative advancement (answered only if answer to "c" is "No") - Yes       
No

Employee's Initials

December 12, 1960

PERSONAL

Mr. James F. Bland  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Bland:

I am indeed pleased to commend you for the outstanding attitude you exhibited in reporting for duty today despite the extremely hazardous travel conditions.

You demonstrated a most exemplary devotion to the work of the FBI in considering your services so essential that, in spite of an announcement that all Federal Government agencies would be closed, you reported for duty. I certainly appreciate your dedicated efforts and I want you to know I have instructed that a copy of this letter be placed in your personnel file.

Sincerely yours,

*J. Edgar Hoover*

Tolson \_\_\_\_\_  
Mohr \_\_\_\_\_  
Parsons \_\_\_\_\_  
Belmont \_\_\_\_\_  
Callahan \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Malone \_\_\_\_\_  
McGuire \_\_\_\_\_  
Rosen \_\_\_\_\_  
Tamm \_\_\_\_\_  
Trotter \_\_\_\_\_  
W.C. Sullivan \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Ingram \_\_\_\_\_  
Gandy \_\_\_\_\_

12  
MAIL ROOM ☐ TELETYPE UNIT ☐

May 25, 1961

PERSONAL

Mr. James F. Bland  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Bland:

It gives me a great deal of pleasure to advise that you have been afforded an Outstanding performance rating covering your services from April 1, 1960, to March 31, 1961. This rating has been approved by the Efficiency Awards Committee of the Department and you may retain the enclosed copy.

I am also happy to advise that I have approved an incentive award of \$400.00 for you in recognition of your valued services. There is enclosed a check in the amount of \$328.00, which represents this award less withholding tax. You have discharged your responsibilities in a superb fashion and I want you to know your exceptionally fine services are appreciated.

REC-146 67-200486-210  
Sincerely yours,  
J. Edgar Hoover 29

Enclosures (2)

1 - Mr. Belmont (Personal Attention) Enclosure

You should personally present this award and should this not be possible or should presentation be unreasonably delayed by your absence official acting for you should present it.

1 - Miss [redacted] (Sent Direct)

LRH:rd

(5)

67-200486

Award #627-61

Tolson \_\_\_\_\_  
Parsons \_\_\_\_\_  
Mohr \_\_\_\_\_  
Belmont \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Evans \_\_\_\_\_  
Malone \_\_\_\_\_  
Rosen \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
W.C. Sullivan \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Ingram \_\_\_\_\_  
Gandy \_\_\_\_\_

MAIL ROOM ☐ TELETYPE UNIT ☐

MAY 25 9 43 AM '61  
B I  
READING ROOM

b6  
b7C

CRP-W136

REPORT OF MEDICAL EXAMINATION

**F.B.I.**

1. LAST NAME—FIRST NAME—MIDDLE NAME <i>Blair, James F.</i>		2. GRADE AND COMPONENT OR POSITION <i>S.A.</i>		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)		5. PURPOSE OF EXAMINATION <i>Annual</i>		6. DATE OF EXAMINATION <i>6/16/61</i>	
7. SEX <i>M</i>	8. RACE <i>W</i>	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____		10. AGENCY	
11. ORGANIZATION UNIT		12. DATE OF BIRTH <i>5-6-17</i>		13. PLACE OF BIRTH <i>Gower, Missouri</i>	
14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <i>NNMC</i>		16. OTHER INFORMATION	
17. RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS	

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL
	18. HEAD, FACE, NECK, AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 69, 60 and 67)	
<i>NE</i>	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

REC-130

ENCLOSURE

*3 mmc*

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES	
O—Restorable teeth      X—Missing teeth      (6.X.8)—Fired bridge, brackets to include abutments I—Nonrestorable teeth      XXX—Replaced by dentures																		<i>No defects noted</i> 67-20456-212	
R	X																		
I	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	E		
G	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	16		
H																			
T																			

45. URINALYSIS: A. SPECIFIC GRAVITY <i>1.014</i>		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN <i>neg</i>	D. MICROSCOPIC <i>neg</i>	<i>Essentially neg. No appreciable change since 7-22-60</i> 13058-61-	
C. SUGAR <i>neg</i>	48. EKG <i>WNT</i>	49. BLOOD TYPE AND RH FACTOR	
47. SEROLOGY (Specify test used and result)		50. OTHER TESTS	

JUL 27 1961

22

# MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 69		52. WEIGHT 164		53. COLOR HAIR Brown		54. COLOR EYES Blue		55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		56. TEMPERATURE 98			
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)							
A. SITTING	SYS. 110 DIAS. 64	B. RECUMBENT	SYS. DIAS.	C. STANDING (5 min.)	SYS. DIAS.	A. SITTING 88	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.			
59. DISTANT VISION				60. REFRACTION				61. 7.5 M. NEAR VISION					
RIGHT 20/ 20		CORR. TO 20/		BY S. OX		20 to 4		CORR. TO		BY			
LEFT 20/ 20		CORR. TO 20/		BY S. OX		20 to 6		CORR. TO		BY			
62. HETEROPHORIA (Specify distance)													
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT			
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED			
RIGHT LEFT				HDC 1940 18/18						CORRECTED			
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST		69. INTRAOCULAR TENSION			
70. HEARING				71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)			
RIGHT WV		/15 SV		/15		250 258 500 512 1000 1024 2000 2048 3000 2896 4000 4096 6000 6144 8000 8192							
LEFT WV		/15 SV		/15		RIGHT LEFT							

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)						76. A. PHYSICAL PROFILE					
						P U L H E S					
77. EXAMINEE (Check) A. <input checked="" type="checkbox"/> IS QUALIFIED FOR B. <input type="checkbox"/> IS NOT QUALIFIED FOR						B. PHYSICAL CATEGORY					
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER						A B C E					
79. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
CAPT. MC, US <sup>4</sup>											
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						SIGNATURE					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE					



# REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

# F.B.I.

1. LAST NAME—FIRST NAME—MIDDLE NAME <u>Gland James F.</u>		2. GRADE AND COMPONENT OR POSITION <u>S. A.</u>		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)		5. PURPOSE OF EXAMINATION <u>Annual</u>		6. DATE OF EXAMINATION <u>6-16-61</u>	
7. SEX <u>M</u>	8. RACE <u>W</u>	9. TOTAL YRS. GOVT. SERVICE MILITARY CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE		11. ORGANIZATION UNIT
12. DATE OF BIRTH <u>5-6-17</u>		13. PLACE OF BIRTH <u>Gower, Missouri</u>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS			16. OTHER INFORMATION		

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

Good

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	<u>72</u>	<u>Good</u>				<input checked="" type="checkbox"/>	HAD TUBERCULOSIS	
MOTHER	<u>69</u>	<u>Good</u>				<input checked="" type="checkbox"/>	HAD SYPHILIS	
SPOUSE	<u>40</u>	<u>Good</u>			<input checked="" type="checkbox"/>		HAD DIABETES	<u>Grandfather</u>
BROTHERS AND SISTERS						<input checked="" type="checkbox"/>	HAD CANCER	
						<input checked="" type="checkbox"/>	HAD KIDNEY TROUBLE	
						<input checked="" type="checkbox"/>	HAD HEART TROUBLE	
						<input checked="" type="checkbox"/>	HAD STOMACH TROUBLE	
CHILDREN	<u>16</u>	<u>Good</u>			<input checked="" type="checkbox"/>		HAD RHEUMATISM (Arthritis)	<u>Mother</u>
	<u>15</u>	<u>Good</u>				<input checked="" type="checkbox"/>	HAD ASTHMA, HAY FEVER, HIVES	
	<u>11</u>	<u>Good</u>				<input checked="" type="checkbox"/>	HAD EPILEPSY (Fits)	
	<u>9</u>	<u>Good</u>				<input checked="" type="checkbox"/>	COMMITTED SUICIDE	
						<input checked="" type="checkbox"/>	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)											
YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, CANCER	<input checked="" type="checkbox"/>		"TRICK" OR LOCKED KNEE
<input checked="" type="checkbox"/>		DIPHTHERIA	<input checked="" type="checkbox"/>		TUBERCULOSIS	<input checked="" type="checkbox"/>		RUPTURE	<input checked="" type="checkbox"/>		FOOT TROUBLE
<input checked="" type="checkbox"/>		RHEUMATIC FEVER	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>		APPENDICITIS	<input checked="" type="checkbox"/>		NEURITIS
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>		ASTHMA	<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE	<input checked="" type="checkbox"/>		PARALYSIS (Inc. infantile)
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/>		SHORTNESS OF BREATH	<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION	<input checked="" type="checkbox"/>		EPILEPSY OR FITS
<input checked="" type="checkbox"/>		WHOOPING COUGH	<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE	<input checked="" type="checkbox"/>		CAR, TRAIN, SEA, OR AIR SICKNESS
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>		CHRONIC COUGH	<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE	<input checked="" type="checkbox"/>		FREQUENT TROUBLE SLEEPING
<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>		BOILS	<input checked="" type="checkbox"/>		FREQUENT OR TERRIFYING NIGHTMARES
<input checked="" type="checkbox"/>		EYE TROUBLE	<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>		VENEREAL DISEASE	<input checked="" type="checkbox"/>		DEPRESSION OR EXCESSIVE WORRY
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT	<input checked="" type="checkbox"/>		LOSS OF MEMORY OR AMNESIA
<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/>		FREQUENT INDIGESTION	<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM	<input checked="" type="checkbox"/>		BED WETTING
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>		STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY	<input checked="" type="checkbox"/>		NERVOUS TROUBLE OF ANY SORT
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>		LAMENESS	<input checked="" type="checkbox"/>		ANY DRUG OR NARCOTIC HABIT
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>		JAUNDICE	<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE	<input checked="" type="checkbox"/>		EXCESSIVE DRINKING HABIT
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>		ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW	<input checked="" type="checkbox"/>		HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (Check each item)		22. FEMALES ONLY: A. HAVE YOU EVER—		B. COMPLETE THE FOLLOWING:	
<input checked="" type="checkbox"/>	WORN GLASSES	<input checked="" type="checkbox"/>	ATTEMPTED SUICIDE	<input type="checkbox"/>	AGE AT ONSET OF MENSTRUATION
<input checked="" type="checkbox"/>	WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>	BEEN A SLEEP WALKER	<input type="checkbox"/>	INTERVAL BETWEEN PERIODS
<input checked="" type="checkbox"/>	WORN HEARING AIDS	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	<input type="checkbox"/>	DURATION OF PERIODS
<input checked="" type="checkbox"/>	STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>	COUGHED UP BLOOD	<input type="checkbox"/>	DATE OF LAST PERIOD
<input checked="" type="checkbox"/>	WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	<input type="checkbox"/>	QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?		24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS		25. WHAT IS YOUR USUAL OCCUPATION?	
				26. ARE YOU (Check one) <input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED	

22

ENCLOSURE

61-200 481-212

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
✓		27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:
✓		A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
✓		B. INABILITY TO PERFORM CERTAIN MOTIONS.
✓		C. INABILITY TO ASSUME CERTAIN POSITIONS
✓		D. OTHER MEDICAL REASONS (If yes, give reasons)
✓		28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
✓		29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
✓		30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
✓		31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
✓		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
✓		33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
✓		34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
✓		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
✓		36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
✓		37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
✓		38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability)
✓		39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

Appendectomy; piles removed; laminectomy; (20) (43)

Broken leg - 1920; Broken arm 1927; Broken ribs & collarbone 1939;

Laminectomy 1960 - N.N.M.C.

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

James F. Bland

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

No present complaints

b6  
b7C

b6  
b7C

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

JUN 16 61

SIGNATURE

NUMBER OF ATTACHED SHEETS

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee Bland James Field  
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	62
3	65
4	67
9	68
11	69
14	72
17	76

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible.

**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

*The medical examiner should answer the following question:*

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Male Employees and Male Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

If examinee has defective vision, should he wear corrective glasses while operating a motor vehicle? ☐ Yes ☐ No *NA*

*67-200 186-212*

*72*

ENCLOSURE

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

3. Examinee's frame is ☐ small ☐ medium ☒ large
4. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
5. Under proper medical supervision, examinee should ☐ lose \_\_\_\_\_ pounds  
☐ gain \_\_\_\_\_ pounds

Remarks: \_\_\_\_\_

  
 (Signature) Medical Examiner

30 June 1961  
 (Date)

b6  
 b7c

August 25, 1961

PERSONAL

Mr. James F. Bland  
Federal Bureau of Investigation  
Washington, D. C.

JUN 16 10 13 AM '61  
FBI  
READING ROOM

Dear Mr. Bland:

On the occasion of your Twentieth Anniversary with the FBI today, it gives me special pleasure to extend my sincere congratulations and to present to you, in commemoration of this event, the Bureau's Twenty-Year Service Award Key.

In reviewing the work of the Bureau during your period of service, one of the most encouraging factors which come to my mind is the enthusiastic and unselfish dedication to our ideals which has been so typical of our associates. This has been especially true in the case of the group of loyal and experienced veterans of which you are an important member. Your loyalty, perseverance and diligent work performance, particularly in your capacity as Chief of the Subversive Control Section of the Domestic Intelligence Division, have played an important role in the field of law enforcement.

Please accept this Key as a token of our deep gratitude for your fine services. It is my hope that we may have the benefit of your experience and talents for many years to come and that I may have the pleasure of presenting awards to you on the occasions of your future anniversaries in the Bureau.

With best wishes and kind regards,

Sincerely,

Tolson \_\_\_\_\_  
Belmont \_\_\_\_\_  
Mohr \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Evans \_\_\_\_\_  
Malone \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Ingram \_\_\_\_\_  
Gandy \_\_\_\_\_

Enclosure

1 - Mr. Sullivan (Personal)

NEM:hmm

MAIL ROOM ☐

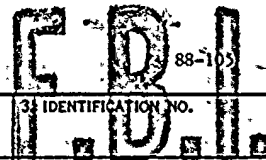
TELETYPE UNIT ☐

(4)

67-200486

REPORT OF MEDICAL EXAMINATION

5



1. LAST NAME—FIRST NAME—MIDDLE NAME  
**BLAND, JAMES FIELD**

2. GRADE AND COMPONENT OR POSITION  
**SPECIAL AGENT**

3. IDENTIFICATION NO.  
**100**

4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)  
**5-6-17 GOWER, MISSOURI**

5. PURPOSE OF EXAMINATION  
**ANNUAL**

6. DATE OF EXAMINATION  
**6-5-62**

7. SEX  
**Male**

8. RACE  
**WHITE**

9. TOTAL YEARS GOVERNMENT SERVICE  
MILITARY ☐ CIVILIAN ☐

10. AGENCY

11. ORGANIZATION UNIT

12. DATE OF BIRTH  
**5-6-17**

13. PLACE OF BIRTH  
**GOWER, MISSOURI**

14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS  
**NNMC**

16. OTHER INFORMATION

17. RATING OR SPECIALTY

TIME IN THIS CAPACITY (Total) LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL
	18. HEAD, FACE, NECK, AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 69, 60 and 67)	
NE	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulas) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

REC-139

ENCLOSURE

67-200486-215

Searched \_\_\_\_\_ Numbered \_\_\_\_\_

JUN 23 1962

zwg/jmm

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)

○—Restorable teeth  
/—Nonrestorable teeth

X—Missing teeth  
XXX—Replaced by dentures

(6 X 8)—Fixed bridge, brackets to include abutments

R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
I																	E
G																	
H																	
T																	F

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES  
**carries as noted**

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY **1.019**

B. ALBUMIN **neg**

C. SUGAR **neg**

D. MICROSCOPIC **neg**

47. SEROLOGY (Specify test used and result) **neg**

48. EKG **WNL**

49. BLOOD TYPE AND RH FACTOR

50. OTHER TESTS

JUL 2 1962

## MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 65 1/2	52. WEIGHT 165	53. COLOR HAIR Brown	54. COLOR EYES Blue	55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	56. TEMPERATURE 98.6
57. BLOOD PRESSURE (Arm at heart level)			58. PULSE (Arm at heart level)		
A. SITTING SYS. 10.4 DIAS. 7.0	B. RECUMBENT SYS. DIAS.	C. STANDING (3 min.) SYS. DIAS.	A. SITTING 84	B. AFTER EXERCISE	C. 2 MIN. AFTER
59. DISTANT VISION			60. REFRACTION		
RIGHT 20/20	CORR. TO 20/	BY S.	OX	61. 75 M NEAR VISION	
LEFT 20/20	CORR. TO 20/	BY S.	OX	20/6 CORR. TO BY	
62. HETEROPHORIA (Specify distance)					
ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT
63. ACCOMMODATION		64. COLOR VISION (Test used and result)		65. DEPTH PERCEPTION (Test used and score)	
RIGHT	LEFT	AOC-1940 1.8/1.8		UNCORRECTED	
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)		68. RED LENS TEST	
69. INTRAOCULAR TENSION		70. HEARING		71. AUDIOMETER	
RIGHT WV 15 /15 SV 15 /15		LEFT WV 15 /15 SV 15 /15		72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)	

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

REC'D - A.M.N. DIV.  
FBI  
JUN 20 1 04 PM '62

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)		76. A. PHYSICAL PROFILE					
		P	U	L	H	E	S
77. EXAMINEE (Check)		B. PHYSICAL CATEGORY					
A. <input checked="" type="checkbox"/> IS QUALIFIED FOR							
B. <input type="checkbox"/> IS NOT QUALIFIED FOR							
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER		A	B	C	E		
79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE						
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE						
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)	SIGNATURE						
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE						

NUMBER OF ATTACHED SHEETS

# REPORT OF MEDICAL HISTORY

**F.B.I.**  
89-103

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>Bland James Field</b>		2. GRADE AND COMPONENT OR POSITION <b>Special Agent</b>		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)		5. PURPOSE OF EXAMINATION <b>Annual</b>		6. DATE OF EXAMINATION <b>6-5-62</b>	
7. SEX <b>Male</b>	8. RACE <b>White</b>	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____		10. AGENCY	
11. ORGANIZATION UNIT		12. DATE OF BIRTH <b>5-6-1917</b>		13. PLACE OF BIRTH <b>Gower, Missouri</b>	
14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS		16. OTHER INFORMATION	

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

**Good**

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE?			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	<b>73</b>	<b>Good</b>				<input checked="" type="checkbox"/>	HAD TUBERCULOSIS	
MOTHER	<b>69</b>	<b>Good</b>				<input checked="" type="checkbox"/>	HAD SYPHILIS	
SPOUSE	<b>41</b>	<b>Good</b>			<input checked="" type="checkbox"/>		HAD DIABETES	<b>Grandfather</b>
					<input checked="" type="checkbox"/>		HAD CANCER	<b>Cousin</b>
BROTHERS						<input checked="" type="checkbox"/>	HAD KIDNEY TROUBLE	
AND						<input checked="" type="checkbox"/>	HAD HEART TROUBLE	
SISTERS					<input checked="" type="checkbox"/>		HAD STOMACH TROUBLE	<b>Father (Colitis)</b>
					<input checked="" type="checkbox"/>		HAD RHEUMATISM (Arthritis)	<b>Mother</b>
CHILDREN	<b>17</b>	<b>Good</b>				<input checked="" type="checkbox"/>	HAD ASTHMA, HAY FEVER, HIVES	
	<b>16</b>	<b>Good</b>				<input checked="" type="checkbox"/>	HAD EPILEPSY (Fits)	
	<b>12</b>	<b>Good</b>				<input checked="" type="checkbox"/>	COMMITTED SUICIDE	
	<b>10</b>	<b>Good</b>				<input checked="" type="checkbox"/>	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)			
YES	NO	(Check each item)	YES
<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		DIPHTHERIA	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		RHEUMATIC FEVER	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		WHOOPING COUGH	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING, SPELLS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		EYE TROUBLE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		TUBERCULOSIS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		ASTHMA	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		SHORTNESS OF BREATH	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		CHRONIC COUGH	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		FREQUENT INDIGESTION	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		JAWDICE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, CANCER	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		RUPTURE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		APPENDICITIS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		BOILS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		VENEREAL DISEASE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		LAMENESS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		"TRICK" OR LOCKED KNEE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		FOOT TROUBLE	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		NEURITIS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		PARALYSIS (Inc. infantile)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		EPILEPSY OR FITS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		CAR, TRAIN, SEA, OR AIR SICKNESS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		FREQUENT TROUBLE SLEEPING	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		FREQUENT OR TERRIFYING NIGHTMARES	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		DEPRESSION OR EXCESSIVE WORRY	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		LOSS OF MEMORY OR AMNESIA	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		BED WETTING	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		NERVOUS TROUBLE OF ANY SORT	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		ANY DRUG OR NARCOTIC HABIT	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		EXCESSIVE DRINKING HABIT	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>		HOMOSEXUAL TENDENCIES	<input checked="" type="checkbox"/>

21. HAVE YOU EVER (Check each item)		22. FEMALES ONLY: A. HAVE YOU EVER—		B. COMPLETE THE FOLLOWING:	
<input checked="" type="checkbox"/>	WORN GLASSES	<input checked="" type="checkbox"/>	ATTEMPTED SUICIDE	<input checked="" type="checkbox"/>	AGE AT ONSET OF MENSTRUATION
<input checked="" type="checkbox"/>	WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>	BEEN A SLEEP WALKER	<input checked="" type="checkbox"/>	INTERVAL BETWEEN PERIODS
<input checked="" type="checkbox"/>	WORN HEARING AIDS	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	<input checked="" type="checkbox"/>	DURATION OF PERIODS
<input checked="" type="checkbox"/>	STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>	COUGHED UP BLOOD	<input checked="" type="checkbox"/>	DATE OF LAST PERIOD
<input checked="" type="checkbox"/>	WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>	bled excessively after injury or tooth extraction	<input checked="" type="checkbox"/>	QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?		24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS?		25. WHAT IS YOUR USUAL OCCUPATION?	
		MONTHS		26. ARE YOU (Check one) <input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED	

67-900486-15



YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	✓	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	✓	B. INABILITY TO PERFORM CERTAIN MOTIONS
	✓	C. INABILITY TO ASSUME CERTAIN POSITIONS
	✓	D. OTHER MEDICAL REASONS (If yes, give reasons)
	✓	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	✓	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	✓	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	✓	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
✓		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	✓	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
✓		34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
✓		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS, WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	✓	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	✓	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	✓	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability)
	✓	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

Appendectomy - 1920; hemorrhoidectomy - 1938;  
Ruptured spinal disc - 1960.

broken leg - 1919; broken arm 1927; broken ribs and collarbone - 1939.

Ruptured spinal disc operation - 1960  
at Naval Hospital, Bethesda, Md.

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.  
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

James Field Bland

SIGNATURE

James F. Bland

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

as above - good recovery NED

b6  
b7C

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

6/5/61

NUMBER OF ATTACHED SHEETS

U.S. GOVERNMENT PRINTING OFFICE: 1959 O-527

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee  
(Type or print)

BLAND  
Last

JAMES  
First

FIELD  
Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in each ear in the conversational speech range (500, 1000, 2000 cycles).

**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

*The medical examiner should answer the following question:*

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Male Employees and Male Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

If examinee has defective vision, should he wear corrective glasses while operating a motor vehicle? ☐ Yes ☐ No

67-200486-215  
J. R. JONES

# Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

3. Examinee's frame is ☐ small ☐ medium ☒ large

4. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

Under proper medical supervision, examinee should ☐ lose \_\_\_\_\_ pounds  
☐ gain \_\_\_\_\_ pounds

Remarks \_\_\_\_\_

(Signature of Medical Examiner)

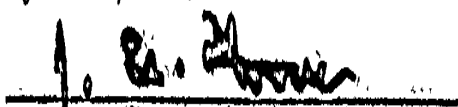
(Date)

b6  
b7C

REC'D - ADMIN. DIV.  
F I

JUN 20 1 34 PM '62

6-5-62

1. Agency and organizational designations <b>FDI, U. S. DEPT. OF JUSTICE</b>						2. Payroll period		3. Block No.		4. Slip No.	
5. Employee's name (and social security account number when appropriate) <b>#08714 MR. JAMES E. ELAND</b>						6. Grade and salary <b>SUPERVISORY SA GS 16 \$15,515</b> <b>(Chief of the Subversive Control Section)</b>					
<b>PAYROLL CHANGE DATA</b>											
	BASE PAY	OVERTIME		GROSS PAY	RET.	FEDERAL TAX	BOND	F.I.C.A.	STATE TAX	GROUP LIFE INS.	NET PAY
7. Previous normal											
8. New normal											
9. Pay this period											
10. Remarks:								11. Appropriation(s)		12. Prepared by	
										13. Audited by	
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase _____											
14. Effective date	15. Date last equivalent increase	16. Old salary rate	17. New salary rate	18. Performance rating is satisfactory or better.							
<b>12-24-61</b>	<b>6-14-60</b>	<b>\$15,255</b>	<b>\$15,515</b>	 (Signature or other authentication)							
19. LWOP data (Fill in appropriate spaces covering LWOP during following periods):				(Check applicable box in case of excess LWOP) <input type="checkbox"/> In pay status at end of waiting period. <input type="checkbox"/> In LWOP status at end of waiting period.							
<input checked="" type="checkbox"/> No excess LWOP           Total excess LWOP _____				<input type="checkbox"/> _____ Initials of Clerk							

STANDARD FORM NO. 1126d  
6 GAO 5000  
1126-507

NOT RECORDED  
JAN 12 1962

**PAYROLL CHANGE SLIP — PERSONNEL COPY**

3/20

## REPORT OF MEDICAL EXAMINATION

F.B.I.

1. LAST NAME—FIRST NAME—MIDDLE NAME  
**BLAND, JAMES FIELD**

2. GRADE AND COMPONENT OR POSITION  
**SA**

3. IDENTIFICATION NO.

4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)

5. PURPOSE OF EXAMINATION  
**ANNUAL**

6. DATE OF EXAMINATION  
**5-21-63**

7. SEX  
**M**

8. DATE OF BIRTH  
**5-6-17**

9. TOTAL YEARS GOVERNMENT SERVICE  
MILITARY CIVILIAN

10. AGENCY

11. ORGANIZATION UNIT

12. PLACE OF BIRTH  
**GOWER, MISSOURI**

13. EXAMINING FACILITY OR EXAMINER, AND ADDRESS  
**NMC**

14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN

15. OTHER INFORMATION

16. RATING OR SPECIALTY

17. TIME IN THIS CAPACITY (Total) LAST SIX MONTHS

CLINICAL EVALUATION	
NOR- MAL	ABNOR- MAL
18. HEAD, FACE, NECK, AND SCALP	
19. NOSE	
20. SINUSES	
21. MOUTH AND THROAT	
22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
23. DRUMS (Perforation)	
24. EYES—GENERAL (Visual acuity and refraction under items 68, 69 and 67)	
25. OPHTHALMOSCOPIC	
26. PUPILS (Equality and reaction)	
27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
28. LUNGS AND CHEST (Include breasts)	
29. HEART (Thrust, size, rhythm, sounds)	
30. VASCULAR SYSTEM (Varicosities, etc.)	
31. ABDOMEN AND VISCERA (Include hernia)	
32. ANUS AND RECTUM (Hemorrhoids, fissures) (Prostate, if indicated)	
33. ENDOCRINE SYSTEM	
34. G-U SYSTEM	
35. UPPER EXTREMITIES (Strength, range of motion)	
36. FEET	
37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
38. SPINE, OTHER MUSCULOSKELETAL	
39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
40. SKIN, LYMPHATICS	
41. NEUROLOGIC (Equilibrium tests under item 72)	
42. PSYCHIATRIC (Specify any personality deviation)	
43. PELVIC (Females only) (Check how done)	
<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

Normal size &amp; texture

REC-148

67-200 126-218

Searched \_\_\_\_\_ Numbered 75

4 JUL 17 1963

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)

○—Restorable teeth  
/—Nonrestorable teeth

X—Missing teeth  
XXX—Replaced by dentures

(6 X 8)—Fixed bridge, brackets to include abutments

R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	E
G	0																F
H																	T
T																	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

carries as noted

## LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY **1.015**

B. ALBUMIN **Neg.**

C. SUGAR **Neg.**

D. MICROSCOPIC **Neg.**

46. CHEST X-RAY (Place, date, film number and result)

**12281-63 See report.**

47. SEROLOGY (Specify test used and result)

**1 JUL 19 1964**

48. EKG **Neg.**

49. BLOOD TYPE AND RH FACTOR **NH**

50. OTHER TESTS

MEASUREMENTS AND OTHER FINDINGS																																																			
51. HEIGHT 5' 9"		52. WEIGHT 164		53. COLOR HAIR Brown		54. COLOR EYES Blue		55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE			56. TEMPERATURE 98.6																																								
57. BLOOD PRESSURE (Arm at heart level)								58. PULSE (Arm at heart level)																																											
A. SITTING SYS. 104 DIA. 66		B. RECUMBENT SYS. 112 DIA. 70		C. STANDING (3 min.) SYS. 112 DIA. 70		A. SITTING 60		B. AFTER EXERCISE		C. 2 MIN. AFTER		D. RECUMBENT		E. AFTER STANDING 3 MIN.																																					
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION																																											
RIGHT 20/20 CORR. TO 20/				BY S. OX				20/6 CORR. TO BY																																											
LEFT 20/20 CORR. TO 20/				BY S. OX				20/6 CORR. TO BY																																											
62. HETEROPHORIA (Specify distance)																																																			
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV.		PC		PD																																					
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)				UNCORRECTED																																							
RIGHT LEFT				1940 AOC 18/18								CORRECTED																																							
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST				69. INTRAOCULAR TENSION																																							
70. HEARING				71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																																							
RIGHT WV 15 /15 SV 15 /15				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td>250</td> <td>500</td> <td>1000</td> <td>2000</td> <td>3000</td> <td>4000</td> <td>6000</td> <td>8000</td> </tr> <tr> <td></td> <td>250</td> <td>512</td> <td>1024</td> <td>2048</td> <td>3072</td> <td>4096</td> <td>6144</td> <td>8192</td> </tr> <tr> <td>RIGHT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LEFT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>									250	500	1000	2000	3000	4000	6000	8000		250	512	1024	2048	3072	4096	6144	8192	RIGHT									LEFT												
	250	500	1000	2000	3000	4000	6000	8000																																											
	250	512	1024	2048	3072	4096	6144	8192																																											
RIGHT																																																			
LEFT																																																			
LEFT WV 15 /15 SV 15 /15																																																			
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY.																																																			

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

77. EXAMINEE (Check)

- A. ☒ IS QUALIFIED FOR  
B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

80. TYPED OR PRINTED NAME OF PHYSICIAN

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

B. PHYSICAL CATEGORY

A	B	C	E

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE

PART, MC USN

NUMBER OF ATTACHED SHEETS

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

BLAND, JAMES FIELD

REG. NO.

OF B I

WARD NO.

STAFF CLINIC

AGE

46

SEX

M

(Check one)

☐ BEDSIDE, WHEELCHAIR, OR STRETCHER

☐ BED

☐ PATIENT

☐ AMBULATORY

EXAMINATION REQUESTED

REQUESTED BY

DATE OF REQUEST

5-21-63

(More space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO.

12281-63

DATE OF REPORT

21 May 63

RADIOGRAPHIC REPORT

CHEST: Progress PA view of the chest shows no change since previous studies of June 1962. There is no evidence of active pulmonary disease.

JRH:tec

b6

b7C

*[Signature]*

Department of Radiology

U. S. Naval Hospital

National Naval Medical Center

Bethesda 14, Maryland

*[Signature]*

LCDR MC USN

13332-62 NNM 67-2

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519A (Rev. Aug. 1954)

Promulgated by Bureau of the Budget

Circular A-32 (Rev.)

RADIOGRAPHIC REPORT

519-205

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

ENCLOSURE

67-200486-218

# REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

# FBI

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>Bland, James Field</b>		2. GRADE AND COMPONENT OR POSITION <b>Special Agent</b>	3. IDENTIFICATION NUMBER <b>123</b>
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)		5. PURPOSE OF EXAMINATION <b>Annual</b>	6. DATE OF EXAMINATION <b>5/21/63</b>
7. SEX <b>Male</b>	9. TOTAL YRS. GOVT. SERVICE MILITARY <input type="checkbox"/> CIVILIAN <input type="checkbox"/>	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
12. DATE OF BIRTH <b>5/6/17</b>	13. PLACE OF BIRTH <b>Gower, Missouri</b>	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS		16. OTHER INFORMATION	
17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists) <b>Good</b>			

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE*			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	74	Good				<input checked="" type="checkbox"/>	HAD TUBERCULOSIS	
MOTHER	69	Good				<input checked="" type="checkbox"/>	HAD SYPHILIS	
SPOUSE	42	Good			<input checked="" type="checkbox"/>		HAD DIABETES	Grandfather
					<input checked="" type="checkbox"/>		HAD CANCER	cousin (1st)
BROTHERS AND SISTERS						<input checked="" type="checkbox"/>	HAD KIDNEY TROUBLE	
						<input checked="" type="checkbox"/>	HAD HEART TROUBLE	
					<input checked="" type="checkbox"/>		HAD STOMACH TROUBLE	father (Colitis)
					<input checked="" type="checkbox"/>		HAD RHEUMATISM (Arthritis)	Mother
CHILDREN	18	Good				<input checked="" type="checkbox"/>	HAD ASTHMA, HAY FEVER, HIVES	
	16	Good				<input checked="" type="checkbox"/>	HAD EPILEPSY (Fits)	
	13	Good				<input checked="" type="checkbox"/>	COMMITTED SUICIDE	
	11	Good				<input checked="" type="checkbox"/>	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item).								
YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, CANCER
<input checked="" type="checkbox"/>		DIPHTHERIA	<input checked="" type="checkbox"/>		TUBERCULOSIS	<input checked="" type="checkbox"/>		RUPTURE
<input checked="" type="checkbox"/>		RHEUMATIC FEVER	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>		APPENDICITIS
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>		ASTHMA	<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/>		SHORTNESS OF BREATH	<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION
<input checked="" type="checkbox"/>		WHOOPING COUGH	<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>		CHRONIC COUGH	<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE
<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>		BOILS
<input checked="" type="checkbox"/>		EYE TROUBLE	<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>		VENEREAL DISEASE
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT
<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/>		FREQUENT INDIGESTION	<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>		STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>		LAMENESS
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>		JAUNDICE	<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>		ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW

21. HAVE YOU EVER (Check each item)		22. FEMALES ONLY: A. HAVE YOU EVER—		B. COMPLETE THE FOLLOWING:	
<input checked="" type="checkbox"/>	WORN GLASSES	<input checked="" type="checkbox"/>	ATTEMPTED SUICIDE	<input type="checkbox"/>	AGE AT ONSET OF MENSTRUATION
<input checked="" type="checkbox"/>	WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>	BEEN A SLEEP WALKER	<input type="checkbox"/>	INTERVAL BETWEEN PERIODS
<input checked="" type="checkbox"/>	WORN HEARING AIDS	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	<input type="checkbox"/>	DURATION OF PERIODS
<input checked="" type="checkbox"/>	STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>	COUGHED UP BLOOD	<input type="checkbox"/>	DATE OF LAST PERIOD
<input checked="" type="checkbox"/>	WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>	BEEN EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	<input type="checkbox"/>	QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?		24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS		25. WHAT IS YOUR USUAL OCCUPATION?	
				26. ARE YOU (Check one) <input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED	

ENCLOSURE 67-200 486-212





Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner

Name of Examinee  
(Type or print)

BLAND  
Last

JAMES  
First

FIELD  
Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in each ear in the conversational speech range (500, 1000, 2000 cycles):

For All Examinees, Whether Clerical or Special Agent Applicants or Employees:

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

To be Answered in the Case of All Male Employees and Male Applicants:

- Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?  
☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_
- Does examinee have any defects prohibiting safe operation of motor vehicles?  
☐ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_
- For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No  
If recommendation is based on a factor other than above standard, indicate basis \_\_\_\_\_

67-200 496-218

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

REC'D - AFMIL/DIV  
 JUN 19 9 17 AM '68

3. Examinee's frame is ☐ small ☒ medium ☒ large
4. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
5. Under proper medical supervision, examinee should ☐ lose \_\_\_\_\_ pounds  
☐ gain \_\_\_\_\_ pounds


Remarks: \_\_\_\_\_

b6  
b7C

 MC USN

(Signature of Medical Examiner)

July 1968  
 (Date)

1. Agency and organizational designations <b>FBI</b>						2. Payroll period		3. Block No.		4. Slip No.	
5. Employee's name (and social security account number when appropriate) <b>Supv SA (Chief of the Subversive Control Section)</b> <b>606714 MR. JAMES F. FLAND</b>						6. Grade and salary <b>GS 16 Step 3</b> <b>\$17,000</b>					
<b>PAYROLL CHANGE DATA</b>											
	BASE PAY	OVERTIME	GROSS PAY	RET.	FEDERAL TAX	BOND	F. I. C. A.	STATE TAX	GROUP LIFE, INS.	HEALTH BENEFITS	NET PAY
7. Previous normal											
8. New normal											
9. Pay this period											
10. Remarks:  <b>Work is of an acceptable level of competence.</b>							11. Appropriation(s)		12. Prepared by		
									13. Audited by		
<input checked="" type="checkbox"/> Periodic step-increase <input type="checkbox"/> Pay adjustment <input type="checkbox"/> Other step-increase _____											
14. Effective date <b>12-23-62</b>	15. Date last equivalent increase <b>12-24-61</b>	16. Old salary rate <b>\$16,500</b>	17. New salary rate <b>\$17,000</b>	18. Performance rating is satisfactory or better:  <div style="text-align: right; margin-top: 10px;">             (Signature or other authentication)         </div>							
19. LWOP data (Fill in appropriate spaces covering LWOP during following period(s))  <input checked="" type="checkbox"/> No excess LWOP, Total excess LWOP <b>22</b>				<div style="border: 2px solid black; padding: 10px; text-align: center; font-size: 2em; font-weight: bold;">67-NOT RECORDED</div> <div style="margin-top: 10px;"> <input type="checkbox"/> In pay status at end of waiting period.  <input type="checkbox"/> In LWOP status at end of waiting period.         </div>							
				<div style="text-align: right;"> <b>SON</b> Initials of Clerk         </div>							

STANDARD FORM NO. 1126  
6 GAO 8000 1126-109

**PAYROLL CHANGE SLIP—PERSONNEL COPY** 3/4

REPORT OF MEDICAL EXAMINATION

FBI

1. LAST NAME—FIRST NAME—MIDDLE NAME: **ISLAND, JAMES FIELD**

2. GRADE AND COMPONENT OR POSITION: **SA**

3. IDENTIFICATION NO.

4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)

5. PURPOSE OF EXAMINATION: **ANNUAL**

6. DATE OF EXAMINATION: **3-2-64**

7. SEX: **M**

8. RACE

9. TOTAL YEARS GOVERNMENT SERVICE: **11**

10. AGENCY

11. ORGANIZATION UNIT

12. DATE OF BIRTH: **5-6-17**

13. PLACE OF BIRTH: **MISSOURI**

14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS: **NMNC**

16. OTHER INFORMATION

17. RATING OR SPECIALTY

TIME IN THIS CAPACITY (Total) LAST SIX MONTHS

CLINICAL EVALUATION

NOR-MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR-MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done)	

☐ VAGINAL ☐ RECTAL

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

Prostate Normal Size  
and Consistency

REC-137

ENCLOSURE  
att

67-250486-220  
Searched  
10 APR 10 1964

#32. History of draining  
Du; Rectal fistula -  
See Proctology Consult

#39. Scar 3 1/2" from  
previous operation (Disc).  
Scar 3" R.L.Q. abdomen  
from appendectomy 3/59

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)

O—Restorable teeth I—Nonrestorable teeth		X—Missing teeth XXX—Replaced by dentures		(6 X 8)—Fixed bridge, brackets to include abutments.													
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	F

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Type 3  
Class 2  
Caries as noted

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY: <b>1.023</b>	46. CHEST X-RAY (Place, date, film number and result): <b>20763-64 Normal.</b>
B. ALBUMIN: <b>Neg.</b>	D. MICROSCOPIC: <b>Neg.</b>
C. SUGAR: <b>Neg.</b>	47. SEROLOGY (Specify test used and result): <b>WHL</b>
48. EKG: <b>WHL</b>	49. BLOOD TYPE AND RH FACTOR: <b>Barium Enema - See report.</b>
50. OTHER TESTS: <b>Proctology - See report.</b>	

3 APR 15 1964

MEASUREMENTS AND OTHER FINDINGS											
51. HEIGHT 5' 9"		52. WEIGHT 165		53. COLOR HAIR Brown		54. COLOR EYES Blue		55. BUILD: (Check one) <input checked="" type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		56. TEMPERATURE (Large frame)	
57. BLOOD PRESSURE (Arm at heart level)								58. PULSE (Arm at heart level)			
A. SITTING SYS. 138 DIAS. 84		B. RECUMBENT SYS. DIAS.		C. STANDING (3 min.) SYS. DIAS.		A. SITTING 84		B. AFTER EXERCISE		C. 2 MIN. AFTER	
D. RECUMBENT		E. AFTER STANDING 3 MIN.									
59. DISTANT VISION				60. REFRACTION				61. .75m NEAR VISION			
RIGHT 20/ 20		CORR. TO 20/		BY		S.		OX		24/8	
LEFT 20/ 20		CORR. TO 20/		BY		S.		OX		24/8	
62. HETEROPHORIA (Specify distance)											
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT	
63. ACCOMMODATION				64. COLOR VISION (Test used and result) 18/18				65. DEPTH PERCEPTION (Test used and score)			
RIGHT		LEFT		AOC 1940				UNCORRECTED			
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST			
								69. INTRAOCULAR TENSION			
70. HEARING				71. AUDIOMETER							
RIGHT WV 15 /15 SV 15 /15				250 500 1000 2000 3000 4000 6000 8000							
LEFT WV 15 /15 SV 15 /15				250 500 1000 2000 3000 4000 6000 8000							
				RIGHT LEFT							
72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)											
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY											

Hx of fistula 2 weeks ago with treatment with a Sulfonamide drug on reportedly 21 Feb. at which time he developed a reaction (allergic). to same for 10 to 12 days

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)											
#32 DU; R/Central fistula. Refer to Proctology clinic. Revised per proctology Consult. Multiple diverticulosis of the sigmoid and descending colon. It is recommended by proctology consult that this agent return should be for sigmoidoscopy and then annually.											
75. RECOMMENDATION FOR FURTHER EXAMINATION INDICATED (Specify)											
① Proctology Consult. that he return for sigmoidoscopy and then annually.											
76. PHYSICAL PROFILE											
77. EXAMINEE (Check)											
A. <input checked="" type="checkbox"/> IS QUALIFIED FOR											
B. <input type="checkbox"/> IS NOT QUALIFIED FOR											
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER											
79. TYPED OR PRINTED NAME OF PHYSICIAN											
SIGNATURE											
80. TYPED OR PRINTED NAME OF PHYSICIAN											
SIGNATURE											
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)											
SIGNATURE											
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY											
SIGNATURE											
NUMBER OF ATTACHED SHEETS											

# REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

**FBI**  
9-103

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>Bland, James Field</b>		2. GRADE AND COMPONENT OR POSITION <b>S.A.</b>		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)		5. PURPOSE OF EXAMINATION <b>Annual</b>		6. DATE OF EXAMINATION <b>3-2-64</b>	
7. SEX <b>M</b>	8. RACE <b>W</b>	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____		10. AGENCY	
11. ORGANIZATION UNIT		12. DATE OF BIRTH <b>5-6-17</b>			
13. PLACE OF BIRTH <b>Gower, Missouri</b>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN			
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <b>N N M U</b>				16. OTHER INFORMATION	

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

**Good - except for Fistula**

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	75	Good				<input checked="" type="checkbox"/>	HAD TUBERCULOSIS	
MOTHER	70	Good				<input checked="" type="checkbox"/>	HAD SYPHILIS	
SPOUSE	43	Good			<input checked="" type="checkbox"/>		HAD DIABETES	Grandfather
					<input checked="" type="checkbox"/>		HAD CANCER	Cousin(1st)
BROTHERS						<input checked="" type="checkbox"/>	HAD KIDNEY TROUBLE	
AND						<input checked="" type="checkbox"/>	HAD HEART TROUBLE	
SISTERS					<input checked="" type="checkbox"/>		HAD STOMACH TROUBLE	Father(Colitis)
					<input checked="" type="checkbox"/>		HAD RHEUMATISM (Arthritis)	Mother
CHILDREN	19	Good				<input checked="" type="checkbox"/>	HAD ASTHMA, HAY FEVER, HIVES	
	17	Good				<input checked="" type="checkbox"/>	HAD EPILEPSY (Fus)	
	13	Good				<input checked="" type="checkbox"/>	COMMITTED SUICIDE	
	11	Good				<input checked="" type="checkbox"/>	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)

YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
	<input checked="" type="checkbox"/>	SCARLET FEVER, ERYSIPELAS		<input checked="" type="checkbox"/>	GOITER		<input checked="" type="checkbox"/>	TUMOR/GROWTH, CYST, CANCER		<input checked="" type="checkbox"/>	"TRICK" OR LOCKED KNEE
	<input checked="" type="checkbox"/>	DIPHTHERIA		<input checked="" type="checkbox"/>	TUBERCULOSIS		<input checked="" type="checkbox"/>	RUPTURE		<input checked="" type="checkbox"/>	FOOT TROUBLE
	<input checked="" type="checkbox"/>	RHEUMATIC FEVER		<input checked="" type="checkbox"/>	SOAKING SWEATS (Night sweats)		<input checked="" type="checkbox"/>	APPENDICITIS		<input checked="" type="checkbox"/>	NEURITIS
	<input checked="" type="checkbox"/>	SWOLLEN OR PAINFUL JOINTS		<input checked="" type="checkbox"/>	ASTHMA		<input checked="" type="checkbox"/>	PILES OR RECTAL DISEASE		<input checked="" type="checkbox"/>	PARALYSIS (Inc. infantile)
	<input checked="" type="checkbox"/>	MUMPS		<input checked="" type="checkbox"/>	SHORTNESS OF BREATH		<input checked="" type="checkbox"/>	FREQUENT OR PAINFUL URINATION		<input checked="" type="checkbox"/>	EPILEPSY OR FITS
<input checked="" type="checkbox"/>		WHOOPING COUGH		<input checked="" type="checkbox"/>	PAIN OR PRESSURE IN CHEST		<input checked="" type="checkbox"/>	KIDNEY STONE OR BLOOD IN URINE		<input checked="" type="checkbox"/>	CAR, TRAIN, SEA, OR AIR SICKNESS
	<input checked="" type="checkbox"/>	FREQUENT OR SEVERE HEADACHE		<input checked="" type="checkbox"/>	CHRONIC COUGH		<input checked="" type="checkbox"/>	SUGAR OR ALBUMIN IN URINE		<input checked="" type="checkbox"/>	FREQUENT TROUBLE SLEEPING
	<input checked="" type="checkbox"/>	DIZZINESS OR FAINTING SPELLS		<input checked="" type="checkbox"/>	PALPITATION OR POUNDING HEART		<input checked="" type="checkbox"/>	BOILS		<input checked="" type="checkbox"/>	FREQUENT OR TERRIFYING NIGHTMARES
	<input checked="" type="checkbox"/>	EYE TROUBLE		<input checked="" type="checkbox"/>	HIGH OR LOW BLOOD PRESSURE		<input checked="" type="checkbox"/>	VENEREAL DISEASE		<input checked="" type="checkbox"/>	DEPRESSION OR EXCESSIVE WORRY
	<input checked="" type="checkbox"/>	EAR, NOSE OR THROAT TROUBLE		<input checked="" type="checkbox"/>	CRAMPS IN YOUR LEGS		<input checked="" type="checkbox"/>	RECENT GAIN OR LOSS OF WEIGHT		<input checked="" type="checkbox"/>	LOSS OF MEMORY OR AMNESIA
	<input checked="" type="checkbox"/>	RUNNING EARS		<input checked="" type="checkbox"/>	FREQUENT INDIGESTION		<input checked="" type="checkbox"/>	ARTHRITIS OR RHEUMATISM		<input checked="" type="checkbox"/>	BED WETTING
	<input checked="" type="checkbox"/>	CHRONIC OR FREQUENT COLDS		<input checked="" type="checkbox"/>	STOMACH, LIVER OR INTESTINAL TROUBLE		<input checked="" type="checkbox"/>	BONE, JOINT, OR OTHER DEFORMITY		<input checked="" type="checkbox"/>	NERVOUS TROUBLE OF ANY SORT
	<input checked="" type="checkbox"/>	SEVERE TOOTH OR GUM TROUBLE		<input checked="" type="checkbox"/>	GALL BLADDER TROUBLE OR GALL STONES		<input checked="" type="checkbox"/>	LAMENESS		<input checked="" type="checkbox"/>	ANY DRUG OR NARCOTIC HABIT
	<input checked="" type="checkbox"/>	SINUSITIS		<input checked="" type="checkbox"/>	JAUNDICE		<input checked="" type="checkbox"/>	LOSS OF ARM, LEG, FINGER, OR TOE		<input checked="" type="checkbox"/>	EXCESSIVE DRINKING HABIT
	<input checked="" type="checkbox"/>	HAY FEVER		<input checked="" type="checkbox"/>	ANY REACTION TO SERUM, DRUG OR MEDICINE		<input checked="" type="checkbox"/>	PAINFUL OR "TRICK" SHOULDER OR ELBOW		<input checked="" type="checkbox"/>	HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (Check each item)

<input checked="" type="checkbox"/>	WORN GLASSES	<input checked="" type="checkbox"/>	ATTEMPTED SUICIDE
<input checked="" type="checkbox"/>	WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>	BEEN A SLEEP WALKER
<input checked="" type="checkbox"/>	WORN HEARING AIDS	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS
<input checked="" type="checkbox"/>	STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>	COUGHED UP BLOOD
<input checked="" type="checkbox"/>	WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION

22. FEMALES ONLY: A. HAVE YOU EVER—

<input type="checkbox"/>	BEEN PREGNANT	<input type="checkbox"/>	AGE AT ONSET OF MENSTRUATION
<input type="checkbox"/>	HAD A VAGINAL DISCHARGE	<input type="checkbox"/>	INTERVAL BETWEEN PERIODS
<input type="checkbox"/>	BEEN TREATED FOR A FEMALE DISORDER	<input type="checkbox"/>	DURATION OF PERIODS
<input type="checkbox"/>	HAD PAINFUL MENSTRUATION	<input type="checkbox"/>	DATE OF LAST PERIOD
<input type="checkbox"/>	HAD IRREGULAR MENSTRUATION	QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY	

23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?

24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS

25. WHAT IS YOUR USUAL OCCUPATION?

26. ARE YOU (Check one)

☐ RIGHT HANDED ☐ LEFT HANDED

ENCLOSURE 67-200 486-220

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
<input checked="" type="checkbox"/>		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
<input checked="" type="checkbox"/>		34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
<input checked="" type="checkbox"/>		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	<input checked="" type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount; when, why)

32. Appendectomy (1920) age 3; Tonsillectomy, age 18; Hemorrhoidectomy, age 20; Ruptured disc, age 43

34. Broken leg, age 2½; broken collarbone and ribs, age 22

35. U. S. Naval Hospital, Bethesda, Md. - ruptured disc 1960; Family Doctor - Herbert Martyn, Jr. 4740 Chevy Chase Dr., Chevy Chase, Md., minor colds

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

James F. Bland

SIGNATURE

James F. Bland

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

No sequelae to HNP operative procedure in 1960.

Hx of (?) DRU Ruptal

fistula; beginning by hx about 20 Feb. 1964 Placed

on sulfonamide drugs & reaction Referral to proctology

b6  
b7C

b6  
b7C

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

MAR 2 1964

SIGNATURE

NUMBER OF ATTACHED SHEETS



CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO: Proctology Clinic FROM: (Requesting ward, unit, or activity) STAFF CLINIC 7B2 DATE OF REQUEST 3-2-64

REASON FOR REQUEST (Complaints and findings)

4620 7B2 Special Agent noted onset of rt. gluteal mass (approx 2/20/64) with yellowish drainage. Was seen by private MD who placed him on Sulfonamide preparation whereupon he developed an allergic reaction. By history, had hemorrhoidectomy at age 20. Please see and advise. Thank you.

PROVISIONAL DIAGNOSIS

DU (Perirectal fistula)

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

☐ EMERGENCY

☐ BEDSIDE

☐ ON CALL

☐ ROUTINE

Malcolm L. Perway, Lt. (MC) USNR

CONSULTATION REPORT

3-13-64 @ 1200

Noted small abscess fall 1963 which spontaneously subsided & drainage. Recently again developed abscess (R side anteriorly) which spontaneously drained & healed. Hemorrhoidectomy - 1937 (also prolapse of rectum).

Scope passed to 25 cm. ease. No lesions or masses seen except for single 1x1 cm. polyp @ 6 cm on (R) posterolateral wall of rectum. This was removed & base fulgerated. Spec. to path.

No fistula in ano noted. No skin sinuses. One deep crypt on (R).

Rec: Barium enema & air-contrast  
Ret. per another perianal abscess.  
Sigmoidoscopy again in 6 mos & then annually.

TITLE

LeChen USNR

DATE

IDENTIFICATION NO.

ORGANIZATION

For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

STAFF CLINIC 7B2

CONSULTATION SHEET  
Standard Form 513  
513-104-02

Will follow  
4-6-64

Bland James Field  
Special Agent 7B2  
#3-34-59

b6  
b7C

PATIENT'S LAST NAME-FIRST NAME-MIDDLE NAME

Bland, J. F.

FBI S.A. MUP.

3-34-59

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND

Small polyp removed from rectum. Desire  
eval. of rest of colon.

FILM NO.

RADIOGRAPHIC REPORT

REGISTER NO.

WARD NO.

T-12 O.P.D.

AGE 46  
SEX M

(Check one)

☐ BEDSIDE, WHEELCHAIR,  
OR STRETCHER

☐ BED  
PATIENT

☒ AMBULATORY

EXAMINATION REQUESTED

B.E. = air contrast

DATE OF REQUEST

3/13/64

DATE OF REPORT

17 Mar 64

**BARIUM ENEMA:** A double contrast air barium enema was administered using fluoroscopic control. Multiple diverticula of the sigmoid and descending colon are noted. No definite persistent filling defects in the lumen of the colon are noted. There is difficult to exclude polyps in the region of the sigmoid due to the multiple stomata of the diverticula seen on end in this area. However, it is felt that no definite polyps are visualized on this study.

**IMP:** Multiple diverticulosis of the sigmoid and descending colon. No definite polyps visualized.

LC:tec

Department of Radiology

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

U. S. Naval Hospital

National Naval Medical Center

Bethesda 14, Maryland

519-205

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

ENCLOSURE

67-200486-220

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee BLAND, JAMES FIELD  
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in each ear in the conversational speech range (500, 1000, 2000 cycles).

**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

*The medical examiner should answer the following question:*

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Male Employees and Male Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No  
If recommendation is based on a factor other than above standard, indicate basis: \_\_\_\_\_

**ENCLOSURE**

17-200-86-220

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, examinee should ☒ lose \_\_\_\_\_ pounds ☐ gain \_\_\_\_\_ pounds

b6  
b7C

Proctology Consult.

Remarks: It is recommended that Mr. Bland return in 6 mos. for repeat sigmoidoscopy & then annually thereafter.

Qualified  
3-26-64

b6  
b7C

(Sign) \_\_\_\_\_ Medical Exam.

(Date)

3-2-64

MD.

# FEDERAL BUREAU OF INVESTIGATION

NAME: LAST, FIRST, MIDDLE	SOCIAL SECURITY NUMBER
---------------------------	------------------------

## NOTIFICATION OF BASIC CHANGE

CODE - NATURE OF ACTION		EFFECTIVE DATE	DATE OF LAST EQUIV. INCR.
<input type="checkbox"/> 892 - QUALITY INCREASE	<input type="checkbox"/> 896 - ADMIN. PAY INCREASE		
<input type="checkbox"/> 893 - WITHIN GRADE INCREASE	<input type="checkbox"/> 897 - ADMIN. PAY DECREASE		
<input type="checkbox"/> 894 - PAY ADJUSTMENT	OTHER (SPECIFY IN REMARKS)		
GRADE OR LEVEL	STEP OR RATE	OLD SALARY	NEW SALARY

## DATA ON UNPAID ABSENCE

PERIOD(S)	TOTAL EXCESS	IN PAY STATUS AT END OF WAITING PERIOD	INITIALS
			<i>3/10/64</i>

☐

EMPLOYEE'S WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

☐

EMPLOYEE'S PERFORMANCE RATING IS SATISFACTORY OR BETTER.

REMARKS:

67-NOT RECORDED  
13 JAN 2 1964

*John Edgar Hoover*  
JOHN EDGAR HOOVER  
DIRECTOR

1/11/64  
(DATE)  
PERSONNEL FILE COPY

**FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE**

**REPORT OF PERFORMANCE RATING**

Name of Employee: **JAMES F. BLAND**

Where Assigned: **Domestic Intelligence** **Subversive Control**  
(Division) (Section, Unit)

Official Position Title: **Section Chief - GS-16**

Rating Period: from **April 1, 1963** to **March 31, 1964**

ADJECTIVE RATING: **OUTSTANDING**  
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's  
Initials

Rated by:

**Inspector**

**4/8/64**

Title

Date

Reviewed by:

**Assistant Director** **4/8/64**

Title

Date

Rating Approved by:

**Assistant to  
the Director**

**4/8/64**

Signature

Title

Date

TYPE OF REPORT

☒ Official

☒ Annual

**REC-137**

☐ Administrative

☐ 60-Day

☐ 90-Day

☐ Transfer

☐ Separation from Service

☐ Special

*3. m*

**42**  
**8 APR 27 1964**

<b>67-200481-2201</b>	
Searched	Numbered
<b>4 APR 24 1964</b>	
<b>50</b>	

NARRATIVE COMMENTS

Note: The regulations require that OUTSTANDING ratings be supported by a statement in writing setting forth IN DETAIL the performance IN EVERY ASPECT and the REASONS for considering each worthy of SPECIAL COMMENDATION. UNSATISFACTORY ratings must be supported by a statement in writing stating (1) WHEREIN the performance is unsatisfactory, (2) the facts of the (90 day) PRIOR WARNING, and (3) the efforts made AFTER THE WARNING TO HELP the employee bring his performance up to a satisfactory level.

1 X 10 - 00000

161-038

# PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee JAMES F. BLAND Title Section Chief  
 Rating Period: from 4/1/63 to 3/31/64

## RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

- Rate items as follows:  
+ Outstanding (exceeding excellent and deserving of special commendation).  
E Excellent.  
✓ Satisfactory (good or very good).  
- Unsatisfactory.  
O No opportunity to appraise performance during rating period.

### Guide for determining adjective rating:

- "Outstanding" adjective rating requires (A) that all rated elements be "+" and (B) that each and every rated element be factually justified by narrative detail on reverse of Form FD-185.
- "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
  - Any element rated "Unsatisfactory" must be supported by narrative comments.
  - An "official" adjective rating of "Unsatisfactory" must comply with the requirements described on the reverse of form FD-185.

- |  |  |
|--|--|
| <p><u>+</u> (1) Personal appearance.<br/> <u>+</u> (2) Personality and effectiveness of his personal contacts.<br/> <u>+</u> (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load).<br/> <u>+</u> (4) Physical fitness (including health, energy, stamina).<br/> <u>+</u> (5) Resourcefulness and ingenuity.<br/> <u>+</u> (6) Forcefulness and aggressiveness as required.<br/> <u>+</u> (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.<br/> <u>+</u> (8) Initiative and the taking of appropriate action on own responsibility.<br/> <u>+</u> (9) Planning ability and its application to the work.<br/> <u>+</u> (10) Accuracy and attention to pertinent detail.<br/> <u>+</u> (11) Industry, including energetic, consistent application to duties.<br/> <u>+</u> (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control.<br/> <u>+</u> (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.<br/> <u>+</u> (14) Technical or mechanical skills.<br/> <u>+</u> (15) Investigative ability and results:<br/> <u>+</u> (a) Internal security cases<br/> <u>0</u> (b) Criminal or general investigative cases<br/> <u>0</u> (c) Fugitive cases<br/> <u>0</u> (d) Applicant cases<br/> <u>0</u> (e) Accounting cases<br/> <u>0</u> (16) Physical surveillance ability.</p> | <p><u>+</u> (17) Firearms ability.<br/> <u>0</u> (18) Development of informants and sources of information.<br/> <u>+</u> (19) Reporting ability:<br/> <u>+</u> (a) Investigative reports<br/> <u>+</u> (b) Summary reports<br/> <u>+</u> (c) Memos, letters, wires<br/>         (Consider: <u>+</u> conciseness; <u>+</u> clarity; <u>+</u> organization; <u>+</u> thoroughness; <u>+</u> accuracy; <u>0</u> adequacy and pertinency of leads; <u>0</u> administrative detail.)<br/> <u>0</u> (20) Performance as a witness.<br/> <u>+</u> (21) Executive ability:<br/> <u>+</u> (a) Leadership.<br/> <u>+</u> (b) Ability to handle personnel<br/> <u>+</u> (c) Planning<br/> <u>+</u> (d) Making decisions<br/> <u>+</u> (e) Assignment of work<br/> <u>+</u> (f) Training subordinates<br/> <u>+</u> (g) Devising procedures<br/> <u>+</u> (h) Emotional stability<br/> <u>+</u> (i) Promoting high morale<br/> <u>+</u> (j) Getting results<br/> <u>0</u> (22) Ability on raids and dangerous assignments:<br/> <u>0</u> (a) As leader<br/> <u>0</u> (b) As participant<br/> <u>+</u> (23) Organizational interest, such as making of suggestions for improvement.<br/> <u>+</u> (24) Ability to work under pressure.<br/> <u>+</u> (25) Miscellaneous. Specify and rate:<br/> <u>+</u> Dictation ability</p> |
|--|--|

**Additional responsibility**

A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.):

Section Chief

B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker): Administrator

- C. (1) Is employee available for general assignment wherever needs of service require? yes (If answer is not "yes," explain in narrative comments.)  
 (2) Is employee available for special assignment wherever needs of service require? yes (If answer is not "yes," explain in narrative comments.)

D. 1. Has employee had an abnormal sick leave record during rating period? no 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? no (If answer to either question is "Yes," explain in narrative comments.)

E. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No  
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use. (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

ADJECTIVE RATING: OUTSTANDING EMPLOYEE'S INITIALS \_\_\_\_\_  
 Outstanding, Excellent, Satisfactory, Unsatisfactory



JAMES F. BLAND

Mr. Bland has continued throughout the rating period as Section Chief of the Subversive Control Section of this Division. This Section has the responsibility for the over-all supervision and investigation of individuals alleged to be subversive and for the supervision of certain emergency programs which grow out of the investigation of individuals. It is, of course, necessary that the work of this Section be in a current status at all times in order that the programs under supervision could be made effective with a minimum of notice in the event of an emergency.

Mr. Bland has an outstanding personality and he is unusually effective in his relationships with others. His personal appearance is very fine. He dresses in exceedingly good taste and makes an outstanding impression. He brings to his work the finest possible attitude. Mr. Bland is most cooperative, dependable, and loyal. He is always willing to share work loads and responsibilities and has the personal characteristics that make for effective performance under all circumstances. He is in fine physical health and has an abundance of energy and vigor. He is outstanding in characteristics of resourcefulness, ingenuity, aggressiveness, and forcefulness. He has extensive experience in his field and brings to his assignment superior judgement and common sense, always arriving at logical conclusions. He displays tremendous initiative and is always willing to accept responsibility and take action as may be necessary or desirable.

The work of Mr. Bland's Section, as well as his own work as a Section Chief is most carefully planned and coordinated into the over-all work of this Division. He gives proper attention to detail and his work is accurate in every way. He is energetic and industrious and applies himself fully to his duties. Mr. Bland is vitally interested in the work and responsibilities of his Section and this is demonstrated in his complete application to his work. His production as a Section Chief is all that could be asked and his enthusiasm is passed on to the personnel under his supervision. He is thus able to inspire subordinate employees to maximum productivity and keeping the work of the Section in a current status. He has complete knowledge of his duties, the rules and regulations which relate to the work which is charged to his Section and

the know-how to apply existing instructions to problems which may arise. He has all the technical and mechanical skills which might be required as a part of his responsibilities. Mr. Bland has had extensive field investigative experience and his superior knowledge and understanding of investigative problems are reflected in the manner in which he supervises the investigative work charged to the Subversive Control Section.

Mr. Bland has an outstanding ability to relate the work under his supervision to the over-all responsibilities of the Bureau. While he has not had occasion during recent years to participate in physical surveillances, to be involved in the development of informants or sources of information, or to appear as a witness, his personality, intelligence, and abilities are such as to clearly demonstrate that he could perform in an outstanding fashion were he to receive such assignments. He is entirely competent in the handling of Bureau firearms and could participate without question in any type of dangerous assignment.

In the submission of necessary reports, memoranda, letters, et cetera, Mr. Bland has demonstrated very clearly superior ability. This ability is also reflected in the work submitted by others in his Section as he has the faculty for inspiring the preparation of superior material by subordinates. Mr. Bland has clearly demonstrated having outstanding executive ability in every way. He has indicated superior ability in the supervision of personnel, in the planning of work of his Section, in the assignment of work, in the training of subordinates, and in other facets of over-all supervisory responsibility. This has also reflected in the unusually effective manner in which he has relieved on the desk of the Number One Man of this Division which he has done on several occasions during the rating period.

Mr. Bland is without question completely loyal to the Bureau and to the work and responsibilities which have been charged to this organization. He has a broad and wholesome organizational interest in all aspects of the work of the Bureau. He is able to work under all kinds of pressure and is completely available for assignments under all circumstances. He has clearly demonstrated having outstanding potential for the assumption of additional administrative responsibilities and is being rated Outstanding at this time.

PART I - SPECIFIC COMMENTS

1. JUSTIFICATION FOR ANY MINUS RATINGS GIVEN:

Not applicable

2. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:

Mr. Bland is a qualified Inspector's Aide, but has not served in this capacity during the rating period.

3. PARTICIPATION IN INFORMANT PROGRAMS:

Not applicable

4. TESTIFYING EXPERIENCE AND ABILITY:

Although he has not had occasion to testify during this rating period, Mr. Bland's make-up indicates that he would be a most effective witness.

5. DISCIPLINARY ACTION:

None

6. ACCOUNTING INFORMATION:

Not applicable

7. POLICE INSTRUCTION:

Not applicable

8. SOUND TRAINING:

Not applicable

9. RESIDENT AGENTS

Not applicable

Initials: \_\_\_\_\_

10. FOREIGN LANGUAGE ABILITY: NONE

Name of Language	Completed school		Can handle typical investigative problems Written Oral				Frequency Used			(Indicate proficiency in each phase as Excellent, Very Good, Good, Fair, Unsatisfactory)			
							Past Rating Period						
	Yes	No	Yes	No	Yes	No	Da.	Wk.	Mo.	Speak	Under-stand	Read	Write

11. ADMINISTRATIVE ADVANCEMENT:

- a) Agent is interested in administrative advancement - Yes ☒ No ☐
- b) Agent is completely available for administrative advancement - Yes ☒ No ☐
- c) Agent is considered completely qualified at present for administrative advancement including experience, ability, personality and appearance - Yes ☒ No ☐
- d) Consider qualifications Very Good \_\_\_\_\_, Excellent \_\_\_\_\_, Outstanding xx.
- e) Agent has potential for future administrative advancement (comments required) - Yes ☐ No ☐

Initials: \_\_\_\_\_

April 24, 1964

PERSONAL

Mr. James P. Dand  
Federal Bureau of Investigation  
Washington, D. C.

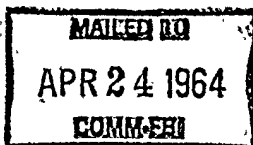
Dear Mr. Dand:

It is a pleasure to advise you that the exceptional manner in which you discharged your responsibilities for the period April 1, 1963, to March 31, 1964, has earned you an Outstanding performance rating. A copy of this rating, which has been approved by the Efficiency Award Committee of the Department, is enclosed and may be retained.

Such a fine accomplishment should not go unrewarded. Therefore, I have approved a quality within-grade salary increase for you from \$17,500 per annum to \$18,000 per annum in Grade GS 10, which will be effective May 10, 1964. I have been pleased with your outstanding services and I do not want the opportunity to pass without expressing my appreciation.

Respectfully yours,

J. Edgar Hoover



Enclosure

1 - Mr. Callahan (PERSONAL ATTENTION) Enclosures (2)

You should personally present this award but should this not be possible or should presentation be unreasonably delayed by your absence official acting for you should present it.

1 - Mr. [redacted]  
1 - [redacted] (Sent Direct)

1 - [redacted] Statistical Section (Sent Direct)

MAIL ROOM ☐

TELETYPE UNIT ☐

b6  
b7C  
bbcc(9)

Prostate 1+ enlarged

**REC-143**

**ENCLOSURE**

67-200 486-224  
Searched \_\_\_\_\_ Numbered 42

1 - MAR 12 1965

(Continue in item 73)

### LABORATORY FINDINGS

9 MAR 15 1963

# MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 5'8 1/4"		52. WEIGHT 163 1/2		53. COLOR HAIR BRN		54. COLOR EYES BLUE		55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		56. TEMPERATURE																																					
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)																																									
A. SITTING SYS. 122 DIAS. 76		B. RECUMBENT SYS. DIAS.		C. STANDING (3 min.) SYS. DIAS.		A. SITTING 84		B. AFTER EXERCISE		C. 2 MIN. AFTER																																					
59. DISTANT VISION		60. REFRACTION		61. NEAR VISION																																											
RIGHT 20/30 CORR. TO 20/20		BY <u>lens</u> S. OX		24-8 CORR. TO		BY																																									
LEFT 20/30 CORR. TO 20/20		BY <u>lens</u> S. OX		24-8 CORR. TO		BY																																									
62. HETEROPHORIA (Specify distance)																																															
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT																																					
63. ACCOMMODATION		64. COLOR VISION (Test used and result) AOC 1940 18/18				65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED																																							
RIGHT LEFT								CORRECTED																																							
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)				68. RED LENS TEST		69. INTRAOCULAR TENSION																																							
70. HEARING		71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																																					
RIGHT WV 15 /15 SV 15 /15		<table border="1"> <tr> <td></td> <td>250</td> <td>500</td> <td>1000</td> <td>2000</td> <td>3000</td> <td>4000</td> <td>6000</td> <td>8000</td> </tr> <tr> <td></td> <td>250</td> <td>518</td> <td>1024</td> <td>2048</td> <td>2896</td> <td>4096</td> <td>6144</td> <td>8192</td> </tr> <tr> <td>RIGHT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LEFT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>									250	500	1000	2000	3000	4000	6000	8000		250	518	1024	2048	2896	4096	6144	8192	RIGHT									LEFT										
	250	500	1000	2000	3000	4000	6000	8000																																							
	250	518	1024	2048	2896	4096	6144	8192																																							
RIGHT																																															
LEFT																																															
LEFT WV 15 /15 SV 15 /15																																															

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR  
B. ☐ IS NOT QUALIFIED FOR

See 710-300

b6  
b7C

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

76. A. PHYSICAL PROFILE						
P	U	L	H	E	S	

B. PHYSICAL CATEGORY

A	B	C	E

NUMBER OF ATTACHED SHEETS

# REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

103

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>Bland, James Field</b>		2. GRADE AND COMPONENT OR POSITION <b>S.A.</b>		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)		5. PURPOSE OF EXAMINATION <b>Annual</b>		6. DATE OF EXAMINATION <b>2/16/65</b>	
7. SEX <b>M</b>	8. [REDACTED]	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY      CIVILIAN		10. AGENCY	
11. ORGANIZATION UNIT		12. DATE OF BIRTH <b>5-6-17</b>			
13. PLACE OF BIRTH <b>Gower, Missouri</b>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN			
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS				16. OTHER INFORMATION	
17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)					

Good

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE?				
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)	
FATHER	75	Good				X	HAD TUBERCULOSIS		
MOTHER	71	Good				X	HAD SYPHILIS		
SPOUSE	44	Good			X		HAD DIABETES	Grandfather	
					X		HAD CANCER	Cousin (1st)	
BROTHERS AND SISTERS						X	HAD KIDNEY TROUBLE		
						X	HAD HEART TROUBLE		
					X		HAD STOMACH TROUBLE	Father (Colitis)	
					X		HAD RHEUMATISM (Arthritis)	Mother	
CHILDREN	20	Good				X	HAD ASTHMA, HAY FEVER, HIVES		
	18	Good				X	HAD EPILEPSY (Fits)		
	14	Good				X	COMMITTED SUICIDE		
	12	Good				X	BEEN INSANE		

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)																	
YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
X		SCARLET FEVER, ERYSIPELAS	X		GOITER	X		TUMOR, GROWTH, CYST, CANCER	X		"TRICK" OR LOCKED KNEE	X		FOOT TROUBLE	X		NEURITIS
X		DIPHTHERIA	X		TUBERCULOSIS	X		RUPTURE	X		PARALYSIS (Inc. infantile)	X		EPILEPSY OR FITS	X		CAR, TRAIN, SEA, OR AIR SICKNESS
X		RHEUMATIC FEVER	X		SOAKING SWEATS (Night sweats)	X		APPENDICITIS	X		FREQUENT OR PAINFUL URINATION	X		NERVOUS TROUBLE OF ANY SORT	X		ANY DRUG OR NARCOTIC HABIT
X		SWOLLEN OR PAINFUL JOINTS	X		ASTHMA	X		PILES OR RECTAL DISEASE	X		BONE, JOINT, OR OTHER DEFORMITY	X		EXCESSIVE DRINKING HABIT	X		HOMOSEXUAL TENDENCIES
X		MUMPS	X		SHORTNESS OF BREATH	X		FREQUENT OR PAINFUL URINATION	X		RECENT GAIN OR LOSS OF WEIGHT	X		LOSS OF MEMORY OR AMNESIA	X		EXCESSIVE DRINKING HABIT
X		WHOOPING COUGH	X		PAIN OR PRESSURE IN CHEST	X		KIDNEY STONE OR BLOOD IN URINE	X		ARTHRITIS OR RHEUMATISM	X		DEPRESSION OR EXCESSIVE WORRY	X		LOSS OF MEMORY OR AMNESIA
X		FREQUENT OR SEVERE HEADACHE	X		CHRONIC COUGH	X		SUGAR OR ALBUMIN IN URINE	X		BOILS	X		BED WETTING	X		EXCESSIVE DRINKING HABIT
X		DIZZINESS OR FAINTING SPELLS	X		PALPITATION OR POUNDING HEART	X		BOILS	X		VENEREAL DISEASE	X		NERVOUS TROUBLE OF ANY SORT	X		ANY DRUG OR NARCOTIC HABIT
X		EYE TROUBLE	X		HIGH OR LOW BLOOD PRESSURE	X		RECENT GAIN OR LOSS OF WEIGHT	X		ARTHRITIS OR RHEUMATISM	X		DEPRESSION OR EXCESSIVE WORRY	X		LOSS OF MEMORY OR AMNESIA
X		EAR, NOSE OR THROAT TROUBLE	X		CRAMPS IN YOUR LEGS	X		ARTHRITIS OR RHEUMATISM	X		VENEREAL DISEASE	X		BED WETTING	X		EXCESSIVE DRINKING HABIT
X		RUNNING EARS	X		FREQUENT INDIGESTION	X		ARTHRITIS OR RHEUMATISM	X		VENEREAL DISEASE	X		BED WETTING	X		EXCESSIVE DRINKING HABIT
X		CHRONIC OR FREQUENT COLDS	X		STOMACH, LIVER OR INTESTINAL TROUBLE	X		ARTHRITIS OR RHEUMATISM	X		VENEREAL DISEASE	X		BED WETTING	X		EXCESSIVE DRINKING HABIT
X		SEVERE TOOTH OR GUM TROUBLE	X		GALL BLADDER TROUBLE OR GALL STONES	X		ARTHRITIS OR RHEUMATISM	X		VENEREAL DISEASE	X		BED WETTING	X		EXCESSIVE DRINKING HABIT
X		SINUSITIS	X		JAUNDICE	X		ARTHRITIS OR RHEUMATISM	X		VENEREAL DISEASE	X		BED WETTING	X		EXCESSIVE DRINKING HABIT
X		HAY FEVER	X		ANY REACTION TO SERUM, DRUG OR MEDICINE	X		ARTHRITIS OR RHEUMATISM	X		VENEREAL DISEASE	X		BED WETTING	X		EXCESSIVE DRINKING HABIT

21. HAVE YOU EVER (Check each item)				22. FEMALES ONLY: A. HAVE YOU EVER—				B. COMPLETE THE FOLLOWING:							
X		WORN GLASSES	X		ATTEMPTED SUICIDE			BEEN PREGNANT			AGE AT ONSET OF MENSTRUATION				
X		WORN AN ARTIFICIAL EYE	X		BEEN A SLEEP WALKER			HAD A VAGINAL DISCHARGE			INTERVAL BETWEEN PERIODS				
X		WORN HEARING AIDS	X		LIVED WITH ANYONE WHO HAD TUBERCULOSIS			BEEN TREATED FOR A FEMALE DISORDER			DURATION OF PERIODS				
X		STUTTERED OR STAMMERED	X		COUGHED UP BLOOD			HAD PAINFUL MENSTRUATION			DATE OF LAST PERIOD				
X		WORN A BRACE OR BACK SUPPORT	X		BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION			HAD IRREGULAR MENSTRUATION			QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY				
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?				24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS				25. WHAT IS YOUR USUAL OCCUPATION?				26. ARE YOU (Check one) <input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED			

CLOSURE



# MEDICAL HISTORY

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	X	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	X	B. INABILITY TO PERFORM CERTAIN MOTIONS
	X	C. INABILITY TO ASSUME CERTAIN POSITIONS
	X	D. OTHER MEDICAL REASONS (If yes, give reasons)
	X	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	X	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	X	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	X	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
X		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	X	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
X		34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
X		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	X	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	X	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	X	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability)
	X	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

32. Appendectomy (1920) age 3; Tonsillectomy, age 18; Hemorrhoidectomy, age 20; Ruptured disc, age 43

34. Broken leg, age 2½; broken collarbone and ribs, age 22

b6  
b7C

35. U.S. Naval Hospital, Bethesda, Md., - ruptured disc 1960; Proctology consult-Sigmoidoscope March & Sept. 1964, small polyp removed from rectum March 1964; Family Doctor [redacted] Md., minor colds.

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

James F. Bland

SIGNATURE

*James F. Bland*

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

Generally good health

b6  
b7C

b6  
b7C

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

2-16-65

NUMBER OF ATTACHED SHEETS

GOVERNMENT PRINTING OFFICE: 1964 O-527655

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

BLAND, JAMES FIELD

69" 165#

(Above space for mechanical imprinting, if used)

REGISTER NO.

FBI

WARD NO.

STAFF CLINIC

AGE

SEX

(Check one)

47

M

☐ BEDSIDE, WHEELCHAIR, OR STRETCHER

☐ BED

☐ PATIENT

☐ AMBULATORY

EXAMINATION REQUESTED

REQUESTED BY

DATE OF REQUEST

2-16-65

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO.

6082-65

DATE OF REPORT

2-16-65

RADIOGRAPHIC REPORT

TYPED 26 FEB

SINGLE PA PROJECTION OF THE CHEST demonstrates essentially no interval change in this patient's chest from a ~~previous~~ previous study of 3-2-64. Again seen is the minimal irregularity in the lateral portion of the right hemidiaphragm. The lung fields remain clear. JCB:vm

Department of Radiology  
U. S. Naval Hospital  
National Naval Medical Center

b6  
b7C

*Handwritten signature*

20763-64 *WMC* 3-2-64

(Specify location of laboratory if not part of requesting facility)

Standard Form 519A (Rev. Aug. 1954)  
Promulgated by Bureau of the Budget  
Circular A-32 (Rev.)

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

RADIOGRAPHIC REPORT  
519-205

CDR MC USN.

67-200486-28-1  
ENCLOSURE

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee  
(Type or print)

BLAND  
Last

JAMES  
First

FIELD  
Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

*The medical examiner should answer the following question:*

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Male Employees and Male Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No

☐ Yes

If "yes" please specify defects: \_\_\_\_\_

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No

☐ Yes

If "yes" please specify defects: \_\_\_\_\_

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No

If recommendation is based on a factor other than above standard, indicate basis \_\_\_\_\_

67-200486-224

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics; I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, examinee should ☐ lose \_\_\_\_\_ pounds ☐ gain \_\_\_\_\_ pounds

Remarks: \_\_\_\_\_

(Signature of Medical Examiner)

(Date)

REC'D - ADMIN. DIV.  
FBI  
MAR 5 8 48 AM '65

16 Lh 65

# FEDERAL BUREAU OF INVESTIGATION

NAME: LAST, FIRST, MIDDLE	SOCIAL SECURITY NUMBER
	10-44-102

## NOTIFICATION OF BASIC CHANGE

CODE - NATURE OF ACTION		EFFECTIVE DATE	DATE OF LAST EQUIV. INCR.
<input type="checkbox"/> 892 - QUALITY INCREASE	<input type="checkbox"/> 896 - ADMIN. PAY INCREASE		
<input type="checkbox"/> 893 - WITHIN GRADE INCREASE	<input type="checkbox"/> 897 - ADMIN. PAY DECREASE		
<input type="checkbox"/> 894 - PAY ADJUSTMENT	OTHER (SPECIFY IN REMARKS)		
GRADE OR LEVEL	STEP OR RATE	OLD SALARY	NEW SALARY

## DATA ON UNPAID ABSENCE

PERIOD(S)	TOTAL EXCESS	IN PAY STATUS AT END OF WAITING PERIOD	INITIALS
			3/10/64

- ☐ EMPLOYEE'S WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.
- ☐ EMPLOYEE'S PERFORMANCE RATING IS SATISFACTORY OR BETTER.

REMARKS:

67-NOT RECORDED  
13 MAY 18 1964

JOHN EDGAR HOOVER  
DIRECTOR

PERSONNEL FILE COPY

5/ 6/64  
(DATE)

## REPORT OF MEDICAL EXAMINATION

5

FBI

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>Field, James Field</b>			2. GRADE AND COMPONENT OR POSITION <b>SA</b>		3. IDENTIFICATION NO. <b>100001</b>	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)			5. PURPOSE OF EXAMINATION <b>Annual</b>		6. DATE OF EXAMINATION <b>2-15-66</b>	
7. SEX <b>M</b>	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____		10. AGENCY	11. ORGANIZATION UNIT	
12. DATE OF BIRTH <b>5-6-17</b>		13. PLACE OF BIRTH <b>Gower, Mo.</b>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <b>NMMC</b>				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

NOR-MAL	CLINICAL EVALUATION: (Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR-MAL
✓	18. HEAD, FACE, NECK, AND SCALP	
✓	19. NOSE	
✓	20. SINUSES	
✓	21. MOUTH AND THROAT	
✓	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
✓	23. DRUMS (Perforation)	
✓	24. EYES—GENERAL (Visual acuity and refraction under items 69, 60 and 67)	
✓	25. OPHTHALMOSCOPIC	
✓	26. PUPILS (Equality and reaction)	
✓	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
✓	28. LUNGS AND CHEST (Include breasts)	
✓	29. HEART (Thrust, size, rhythm, sounds)	
✓	30. VASCULAR SYSTEM (Varicosities, etc.)	
✓	31. ABDOMEN AND VISCERA (Include hernia)	
✓	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	✓
✓	33. ENDOCRINE SYSTEM	
✓	34. G-U SYSTEM	
✓	35. UPPER EXTREMITIES (Strength, range of motion)	
✓	36. FEET	
✓	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
✓	38. SPINE, OTHER MUSCULOSKELETAL	✓
✓	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
✓	40. SKIN, LYMPHATICS	
✓	41. NEUROLOGIC (Equilibrium tests under item 72)	
✓	42. PSYCHIATRIC (Specify any personality deviation)	
✓	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

(23) *Creme Suppuration*

(32) *Tracheopharyngeal perianal area - Neg Hemorrhoids*

(38) *Fear L 2 - 4 3 13 1955 50*  
*Neg Dns Removal 1966*

*4th*  
**ENCLOSURE**

*3/11*

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES <b>Exam Type III CLASS II Caries as noted</b>																																																																																			
<table border="0"><tr><td colspan="2">○—Restorable teeth</td><td colspan="2">X—Missing teeth</td><td colspan="2">(6 X 8)—Fixed bridge, brackets to include abutments</td></tr><tr><td colspan="2">└—Nonrestorable teeth</td><td colspan="2">XXX—Replaced by dentures</td><td colspan="2"></td></tr><tr><td>R</td><td>X</td><td>2</td><td>9</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>X</td><td>L</td></tr><tr><td>I</td><td>32</td><td>31</td><td>30</td><td>29</td><td>28</td><td>27</td><td>26</td><td>25</td><td>24</td><td>23</td><td>22</td><td>21</td><td>20</td><td>19</td><td>18</td><td>17</td><td>E</td></tr><tr><td>H</td><td>O</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>8</td><td>F</td></tr><tr><td>T</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>T</td></tr></table>			○—Restorable teeth		X—Missing teeth		(6 X 8)—Fixed bridge, brackets to include abutments		└—Nonrestorable teeth		XXX—Replaced by dentures				R	X	2	9	4	5	6	7	8	9	10	11	12	13	14	15	X	L	I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	E	H	O															8	F	T																
○—Restorable teeth		X—Missing teeth		(6 X 8)—Fixed bridge, brackets to include abutments																																																																																	
└—Nonrestorable teeth		XXX—Replaced by dentures																																																																																			
R	X	2	9	4	5	6	7	8	9	10	11	12	13	14	15	X	L																																																																				
I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	E																																																																				
H	O															8	F																																																																				
T																	T																																																																				

## LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY <b>1.022</b>		46. CHEST X-RAY (Place, date, film number and result)	
B. ALBUMIN <b>neg</b>	D. MICROSCOPIC <b>Ess. neg</b>	<b>6495-66- See Report</b>	
C. SUGAR <b>neg</b>	48. EKG <b>WNL</b>	49. BLOOD TYPE AND RH FACTOR	
47. SEROLOGY (Specify test used and result)	50. OTHER TESTS	<b>Proctology - See Report</b>	
<b>neg 19</b>			

APR 10 1970

## MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT: 5'9"		52. WEIGHT: 164 1/4		53. COLOR HAIR: Brown		54. COLOR EYES: Blue		55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		56. TEMPERATURE	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)					
A. SITTING		B. AFTER EXERCISE		C. 2 MIN. AFTER		D. RECUMBENT		E. AFTER STANDING 3 MIN.			
SYS. 116 DIA. 80		SYS. 116 DIA. 80		SYS. 116 DIA. 80		SYS. 116 DIA. 80		SYS. 116 DIA. 80			
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION			
RIGHT 20/25 CORR. TO 20/20 BY lens S. OX 24-8 CORR. TO BY				LEFT 20/30 CORR. TO 20/20 BY lens S. OX 24-8 CORR. TO BY							
62. HETEROPHORIA (Specify distance)											
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV.	
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)			
RIGHT LEFT				1940 AOC 18/18				UNCORRECTED			
								CORRECTED			
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST			
								69. INTRAOCULAR TENSION			
70. HEARING				71. AUDIOMETER							
RIGHT WV 15/15 SV 15/15				250 256 500 512 1000 1024 2000 2048 3000 2896 4000 4096 6000 6144 8000 8192							
LEFT WV 15/15 SV 15/15				RIGHT LEFT							
72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)											

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

DEC-145

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Integration of ECG and Canal of JLV  
 Probs Clinic for Proctology

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR  
☐ IS NOT QUALIFIED FOR

b6  
b7C

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

80. TYPED OR PRINTED NAME OF PHYSICIAN

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

SIGNATURE

SIGNATURE

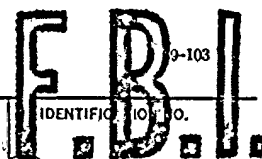
NUMBER OF ATTACHED SHEETS

76. A. PHYSICAL PROFILE					
P	U	L	H	E	S

B. PHYSICAL CATEGORY

# REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS



1. LAST NAME—FIRST NAME—MIDDLE NAME <b>Bland, James Field</b>		2. GRADE AND COMPONENT OR POSITION <b>Special Agent</b>		6. DATE OF EXAMINATION <b>2/15/66</b>	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)		5. PURPOSE OF EXAMINATION <b>Annual</b>			
7. SEX <b>M</b>	8. RACE <b>W</b>	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____		10. AGENCY	
11. ORGANIZATION UNIT		12. DATE OF BIRTH <b>5-6-17</b>		13. PLACE OF BIRTH <b>Gower, Missouri</b>	
14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS		16. OTHER INFORMATION	
17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists) <b>Good</b>					

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE?				
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)	
FATHER	76	Good				X	HAD TUBERCULOSIS		
MOTHER	72	Good				X	HAD SYPHILIS		
SPOUSE	45	Good			X		HAD DIABETES	Grandfather	
					X		HAD CANCER	Cousin(1st)	
BROTHERS						X	HAD KIDNEY TROUBLE		
AND						X	HAD HEART TROUBLE		
SISTERS					X		HAD STOMACH TROUBLE	Father(Colitis)	
					X		HAD RHEUMATISM (Arthritis)	Mother	
CHILDREN	21	Good				X	HAD ASTHMA, HAY FEVER, HIVES		
	19	Good				X	HAD EPILEPSY (Fits)		
	15	Good				X	COMMITTED SUICIDE		
	12	Good				X	BEEEN INSANE		
20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)									
YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	
	X	SCARLET FEVER, ERYSIPELAS	X		GOITER	X		TUMOR, GROWTH, CYST, CANCER	
	X	DIPHTHERIA	X		TUBERCULOSIS	X		RUPTURE	
	X	RHEUMATIC FEVER	X		SOAKING SWEATS (Night sweats)	X		APPENDICITIS	
	X	SWOLLEN OR PAINFUL JOINTS	X		ASTHMA	X		PILES OR RECTAL DISEASE	
	X	MUMPS	X		SHORTNESS OF BREATH	X		FREQUENT OR PAINFUL URINATION	
X		WHOOPING COUGH	X		PAIN OR PRESSURE IN CHEST	X		KIDNEY STONE OR BLOOD IN URINE	
X		FREQUENT OR SEVERE HEADACHE	X		CHRONIC COUGH	X		SUGAR OR ALBUMIN IN URINE	
X		DIZZINESS OR FAINTING SPELLS	X		PALPITATION OR POUNDING HEART	X		BOILS	
X		EYE TROUBLE	X		HIGH OR LOW BLOOD PRESSURE	X		VENEREAL DISEASE	
X		EAR, NOSE OR THROAT TROUBLE	X		CRAMPS IN YOUR LEGS	X		RECENT GAIN OR LOSS OF WEIGHT	
X		RUNNING EARS	X		FREQUENT INDIGESTION	X		ARTHRITIS OR RHEUMATISM	
X		CHRONIC OR FREQUENT COLDS	X		STOMACH, LIVER OR INTESTINAL TROUBLE	X		BONE, JOINT, OR OTHER DEFORMITY	
X		SEVERE TOOTH OR GUM TROUBLE	X		GALL BLADDER TROUBLE OR GALL STONES	X		LAMENESS	
X		SINUSITIS	X		JAUNDICE	X		LOSS OF ARM, LEG, FINGER, OR TOE	
X		HAY FEVER	X		ANY REACTION TO SERUM, DRUG OR MEDICINE	X		PAINFUL OR "TRICK" SHOULDER OR ELBOW	
21. HAVE YOU EVER (Check each item)									
X		WORN GLASSES	X		ATTEMPTED SUICIDE			BEEN PREGNANT	
X		WORN AN ARTIFICIAL EYE	X		BEEN A SLEEP WALKER			HAD A VAGINAL DISCHARGE	
X		WORN HEARING AIDS	X		LIVED WITH ANYONE WHO HAD TUBERCULOSIS			BEEN TREATED FOR A FEMALE DISORDER	
X		STUTTERED OR STAMMERED	X		COUGHED UP BLOOD			HAD PAINFUL MENSTRUATION	
X		WORN A BRACE OR BACK SUPPORT	X		BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION			HAD IRREGULAR MENSTRUATION	
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?			24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS			25. WHAT IS YOUR USUAL OCCUPATION?			
						26. ARE YOU (Check one)			
						<input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED			

67-200486-226

ENCLOSURE



YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
<input checked="" type="checkbox"/>		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
<input checked="" type="checkbox"/>		34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
<input checked="" type="checkbox"/>		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	<input checked="" type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

32. Appendectomy (1920) age 3; Tonsillectomy age 18; Hemorrhoidectomy, age 20; Ruptured disc, age 43

34. Broken leg, age 2½; broken collarbone and ribs, age 22

35. U.S. Naval Hospital, Bethesda, Md., ruptured disc 1960, Proctology consult-sigmoidoscope March and September 1964, small polyp removed from rectum March 1964; Family Doctor [redacted], Md., minor colds

b6  
b7C

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

James F. Bland

SIGNATURE

*James F. Bland*

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

*h.c.d.*

b6  
b7C

b6  
b7C

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

15 Feb 66

SIGNATURE

NUMBER OF ATTACHED SHEETS

PRINTING OFFICE: 1952-O-527855

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

Blond, James Field  
68 1/4" 163

(Above space for mechanical imprinting, if used)

REGISTER NO.

F B I

WARD NO.

STAFF CLINIC

AGE

SEX

(Check one)

48

M

☐ BEDSIDE, WHEELCHAIR, OR STRETCHER

☐ BED PATIENT

☐ AMBULATORY

EXAMINATION REQUESTED

REQUESTED BY

DATE OF REQUEST

2-15-66

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

FILM NO.

6495-66

DATE OF REPORT

RADIOGRAPHIC REPORT

Chest dated 2-15-66, demonstrates no evidence of active disease in the chest at this time. The right costophrenic angle is not visualized due to positioning of the patient during exposure of the film.

FLM:tec

b6  
b7C

*[Handwritten signature]*

*[Handwritten signature]*  
LCNR MC USN

6082-65

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY

Department of Defense

(SIGNATURE: (Specify location of laboratory if not part of requesting facility))

Standard Form 519A (Rev. Aug. 1954)  
Promulgated by Bureau of the Budget  
Circular A-32 (Rev.)  
RADIOGRAPHIC REPORT  
519-205

ENCLOSURE

67-200486-226

CLINICAL RECORD

CONSULTATION SHEET

REQUEST	
TO: <i>Procto Clinic</i>	FROM: (Requesting ward, unit, or activity) <i>Staff Clinic</i>
DATE OF REQUEST <i>15 Feb 66</i>	

REASON FOR REQUEST (Complaints and findings)

*The 48-y-o. FBT - SM - L. being referred to you as per notation 1964 by Dr. Ryskamp. at which annual Procto Scope Exam was recommended.*

PROVISIONAL DIAGNOSIS

*Procto*

*follow up*

PLACE OF CONSULTATION

☐ BEDSIDE

☐ ON CALL

☐ EMERGENCY

☒ ROUTINE

CONSULTATION REPORT

*Had Rectal Polyp removed on 1965.*

*pt. here for routine follow-up post excision of rectal polyp. Asymptomatic.*

*Exam - Scope passed to 25 cm.*

*No abnormalities noted*

*Deep. manual sigmoidoscopic exam*

(Continued on reverse side)

DATE <i>15 Feb 66</i>	IDENTIFICATION NO.	ORGANIZATION
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date, hospital or medical facility)		REGISTER NO.
		WARD NO.

CONSULTATION SHEET  
Standard Form 513  
513-104-02

*Dland James Field.*  
*SA-FBT # 3-34-59*

*67-200486-226*

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee  
(Type or print)

Blond, James F

Last

First

Middle

The following portions of the attached examination report form need not be completed:

2	14	68
3	17	69
4	62	72
9	65	76
11	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

*The medical examiner should answer the following question:*

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Male Employees and Male Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No  
If recommendation is based on a factor other than above standard, indicate basis \_\_\_\_\_

ENCLOSURE 67-200486-226

REC'D - ADMIN. DIV.  
FBI

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large
5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient
6. Under proper medical supervision, examinee should ☐ lose \_\_\_\_\_ pounds  
☐ gain \_\_\_\_\_ pounds

b6  
b7C

Remarks: \_\_\_\_\_

(Signature of Medical Officer)

(Date)

January 31, 1966

Mr. James F. Bland  
Federal Bureau of Investigation  
Washington, D. C.

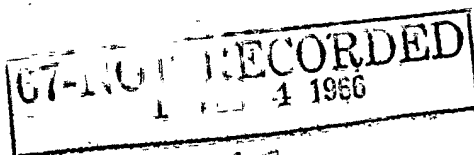
Dear Mr. Bland:

It is a pleasure to commend you for the outstanding attitude you exhibited in reporting for duty today despite extremely hazardous travel conditions.

You demonstrated a sincere devotion to duty in considering your services so essential that in spite of an announcement that all Federal Government agencies would be closed you reported for duty. I do not want the opportunity to pass without advising you of my appreciation and that I have instructed that a copy of this letter be placed in your personnel file.

Sincerely yours,

*J. Edgar Hoover*



# FEDERAL BUREAU OF INVESTIGATION

NAME: LAST, FIRST, MIDDLE

SOCIAL SECURITY NUMBER

## NOTIFICATION OF BASIC CHANGE

CODE - NATURE OF ACTION		EFFECTIVE DATE	DATE OF LAST EQUIV. INCR.
<input type="checkbox"/> 892 - QUALITY INCREASE	<input type="checkbox"/> 896 - ADMIN. PAY INCREASE		
<input type="checkbox"/> 893 - WITHIN GRADE INCREASE	<input type="checkbox"/> 897 - ADMIN. PAY DECREASE		
<input type="checkbox"/> 894 - PAY ADJUSTMENT	<input type="checkbox"/> OTHER (SPECIFY IN REMARKS)	1/1/65	12/21/64

GRADE OR LEVEL	STEP OR RATE	OLD SALARY	NEW SALARY
GS-1		\$5,100.00	\$5,100.00

## DATA ON UNPAID ABSENCE

PERIOD(S)	TOTAL EXCESS	IN PAY STATUS AT END OF WAITING PERIOD	INITIALS
			3 Amn

☐

EMPLOYEE'S WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

☐

EMPLOYEE'S PERFORMANCE RATING IS SATISFACTORY OR BETTER.

REMARKS:

67-NOT RECORDED  
27 DEC 21 1965

*J. Edgar Hoover*

JOHN EDGAR HOOVER  
DIRECTOR

12/17/65  
(DATE)

PERSONNEL FILE COPY

August 25, 1966

PERSONAL

Mr. James F. Bland  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Bland:

It affords me great pleasure to take this opportunity to congratulate you upon your completion of twenty-five years of faithful service with the FBI. I wish to present your Twenty-five-Year Service Award Key and hope that it will occasion many happy memories of your Bureau career.

During your association with the FBI ever-increasing burdens have been imposed upon us to meet the challenges both from within and without our country. These years of dedication and hard work should fill you with a deep sense of pride for the contributions you have made to our organization. The enthusiasm and diligence that you have manifested in the handling of all of your assignments clearly reflect your intense interest in and loyalty to the Bureau and will serve as an inspiring example for your associates. Without the benefit of these fine qualities our responsibilities could not have been discharged with the same high degree of proficiency.

I hope that you will wear this Key as a symbol of our confidence in you.

With best wishes and kindest regards,

Sincerely,

REC-14  
67-200486-229  
AUG 25 1966

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Wick \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

Enclosure

1 - Mr. Sullivan (Personal Attention)

1 - Miss [redacted] (Sent Direct)

LDH:mfl (5) 67-200486

Based on memo Callahan-Mohr, 6-20-66, LDH:eaj

1 AUG 25 1966  
MAIL ROOM ☐ TELETYPE UNIT ☐

Forwarded by Special Messenger  
to Mr. [redacted] Office 8-24-66, eaj



REPORT OF MEDICAL EXAMINATION

5  
F.B.I.

88-108

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>BLAND, JAMES F.</b>		2. GRADE AND COMPONENT OR POSITION <b>SA</b>	3. IDENTIFICATION NO. <b>3-34-59</b>
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)		5. PURPOSE OF EXAMINATION <b>Annual</b>	6. DATE OF EXAMINATION <b>2-6-67</b>
7. SEX <b>M</b>	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN	10. AGENCY
11. ORGANIZATION UNIT		12. DATE OF BIRTH <b>5/6/17</b>	
13. PLACE OF BIRTH <b>Mo.</b>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <b>NVNC</b>		16. OTHER INFORMATION	
17. RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total) LAST SIX MONTHS	

CLINICAL EVALUATION		ABNOR-
NOR-	(Check each item in appropriate column; enter "NE" if not evaluated.)	MAL
	18. HEAD, FACE, NECK, AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	✓
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium, tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

39. apparently scar NCD  
L under laminectomy scar

3 att.  
ENCLOSURE

RESULTS	
16.2	HGB GMS
47	HCT %
6.75	WB X10 <sup>3</sup>
64	NE %
30	BAE %
1	LYM %
	EOS %
	BASO %
5	MONO %
	PLATELET X10 <sup>3</sup>

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Source (Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)	
O—Restorable teeth —Nonrestorable teeth:	X—Missing teeth XXX—Replaced by dentures
(6 X 8)—Fixed bridge, brackets to include abutments	
R I G H T	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES  
CLASS—F

No Defects Noted

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY <b>1.021</b>	46. CHEST X-RAY (Place, date, film number and result) <b>6495—normal</b>
B. ALBUMIN <b>neg</b>	D. MICROSCOPIC <b>neg</b>
C. SUGAR <b>neg</b>	E. BLOOD TYPE AND RH FACTOR
47. SEROLOGY (Specify test used and result) <b>neg MAR 21</b>	48. EKG <b>normal</b>
49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS <b>Proctology—See Report</b>

# MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 5'9"	52. WEIGHT 165	53. COLOR HAIR Brown	54. COLOR EYES Blue	55. BUILD: (Check one) SLENDER MEDIUM HEAVY OBESE	56. TEMPERATURE
57. BLOOD PRESSURE (Arm at heart level)			58. PULSE (Arm at heart level)		
A. SITTING SYS. 126 DIAS. 84	B. RECUMBENT SYS. DIAS.	C. STANDING (3 min.) SYS. DIAS.	A. SITTING 74	B. AFTER EXERCISE	C. 2 MIN. AFTER
59. DISTANT VISION			60. REFRACTION		
RIGHT 20/40	CORR. TO 20/20	BY S. CX	61. NEAR VISION		
LEFT 20/70	CORR. TO 20/20	BY S. CX	50M CORR. TO BY		

62. HETEROPHORIA (Specify distance)		ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV.	PC	PD
-------------------------------------	--	-----	-----	-------	-------	------------	-------------	----	----

63. ACCOMMODATION	64. COLOR VISION (Test used and result)	65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED																																				
RIGHT LEFT	RIGHT LEFT	RIGHT LEFT	CORRECTED																																				
66. FIELD OF VISION	67. NIGHT VISION (Test used and score)	68. RED LENS TEST	69. INTRAOCULAR TENSION																																				
70. HEARING	71. AUDIOMETER		72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																																				
RIGHT WV. 15 /15 SV. 15 /15	<table border="1"> <tr> <td></td> <td>250</td> <td>500</td> <td>1000</td> <td>2000</td> <td>3000</td> <td>4000</td> <td>6000</td> <td>8000</td> </tr> <tr> <td></td> <td>250</td> <td>512</td> <td>1024</td> <td>2048</td> <td>2592</td> <td>4096</td> <td>6144</td> <td>8192</td> </tr> <tr> <td>RIGHT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LEFT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			250	500	1000	2000	3000	4000	6000	8000		250	512	1024	2048	2592	4096	6144	8192	RIGHT									LEFT									
	250	500	1000	2000	3000	4000	6000	8000																															
	250	512	1024	2048	2592	4096	6144	8192																															
RIGHT																																							
LEFT																																							

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

77. EXAMINEE (Check)	b6	b6
A. <input checked="" type="checkbox"/> IS QUALIFIED FOR	b7C	b7C
B. <input type="checkbox"/> IS NOT QUALIFIED FOR		

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)	SIGNATURE
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE

LAST NAME—FIRST NAME—MIDDLE NAME

Bland, James Field

2. GRADE AND COMPONENT OR POSITION  
Special Agent

3. IDENTIFICATION NO.

4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)

### 5. PURPOSE OF EXAMINATION

6) DATE OF EXAMINATION

Annual

2/6/67

(T) SEX                      (8) RACE

9. TOTAL YEARS GOVERNMENT SERVICE

MILITARY	CIVILIAN
----------	----------

10. AGENCY	
------------	--

11. ORGANIZATION UNIT

2. DATE OF BIRTH

13. PLACE OF BIRTH

5-6-17

Gower, Missouri

8. EXAMINING FACILITY OR EXAMINER, AND ADDRESS

16. OTHER INFORMATION

17 STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

Good

## 16 FAMILY HISTORY

19 HAS ANY BLOOD RELATION (Parent, brother, sister, other)  
OR WIFE OR MURDER OR WIFE

RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	OR HUSBAND OR WIFE		(Check each item)	RELATION(S)
					YES	NO		
FATHER	77	Fair				X	HAD TUBERCULOSIS	
MOTHER	73	Good				X	HAD SYPHILIS	
SPOUSE	46	Good			X		HAD DIABETES	Grandfather
BROTHERS					X		HAD CANCER	Cousin (1st)
						X	HAD KIDNEY TROUBLE	Father (Leukemia)
						X	HAD HEART TROUBLE	
AND						X	HAD STOMACH TROUBLE	Father (Colitis)
SISTERS					X		HAD RHEUMATISM (Arthritis)	Mother
					X		HAD ASTHMA, HAY FEVER, MEASLES	
CHILDREN	22	Good				X	HAD EPILEPSY (Fits)	
	20	Good				X	COMMITTED SUICIDE	
	16	Good				X	BEEN INSANE	
	14	Good				X		

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)

YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, CANCER
<input checked="" type="checkbox"/>		DIPHTHERIA	<input checked="" type="checkbox"/>		TUBERCULOSIS	<input checked="" type="checkbox"/>		RUPTURE/ HERNIA
<input checked="" type="checkbox"/>		RHEUMATIC FEVER			SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>		APPENDICITIS
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>		ASTHMA	<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/>		SHORTNESS OF BREATH	<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION
<input checked="" type="checkbox"/>		COLOR BLINDNESS	<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>		CHRONIC COUGH	<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE
<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>		BOILS
<input checked="" type="checkbox"/>		EYE TROUBLE	<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>		VD—SYPHILIS, GONORRHEA, ETC.
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT
<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/>		FREQUENT INDIGESTION	<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM
<input checked="" type="checkbox"/>		HEARING LOSS	<input checked="" type="checkbox"/>		STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>		LAMENESS
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>		JAUNDICE	<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>		ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>		HISTORY OF BROKEN BONES	<input checked="" type="checkbox"/>		RECURRENT BACK PAIN
<input checked="" type="checkbox"/>		HISTORY OF HEAD INJURY						
<input checked="" type="checkbox"/>		SKIN DISEASES						

21) HAVE YOU EVER (Check each item)

22. FEMALES ONLY; A. HAVE YOU EVER—

8. COMPLETE THE FOLLOWING:

<input checked="" type="checkbox"/>	WORN GLASSES—CONTACT LENS	<input checked="" type="checkbox"/>	ATTEMPTED SUICIDE	<input type="checkbox"/>	BEEN PREGNANT	<input type="checkbox"/>	AGE AT ONSET OF MENSTRUATION
<input checked="" type="checkbox"/>	WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>	BEEN A SLEEP WALKER	<input type="checkbox"/>	HAD A VAGINAL DISCHARGE	<input type="checkbox"/>	INTERVAL BETWEEN PERIODS
<input checked="" type="checkbox"/>	WORN HEARING AIDS	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	<input type="checkbox"/>	BEEN TREATED FOR A FEMALE DISORDER.	<input type="checkbox"/>	DURATION OF PERIODS
<input checked="" type="checkbox"/>	STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>	COUGHED UP BLOOD	<input type="checkbox"/>	HAD PAINFUL MENSTRUATION	<input type="checkbox"/>	DATE OF LAST PERIOD
<input checked="" type="checkbox"/>	WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR	<input type="checkbox"/>	HAD IRREGULAR MENSTRUATION	<input type="checkbox"/>	QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY

23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?

24. WHAT IS THE LONGEST PERIOD YOU  
HELD ANY OF THESE JOBS?  
MONTHS

25. WHAT IS YOUR USUAL OCCUPATION?

26. ARE YOU (Check one)

☒ RIGHT HANDED — ☐ LEFT HANDED

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	X	27. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	X	B. INABILITY TO PERFORM CERTAIN MOTIONS
	X	C. INABILITY TO ASSUME CERTAIN POSITIONS
	X	D. OTHER MEDICAL REASONS (If yes, give reasons)
	X	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	X	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	X	30. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
X		31. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	X	32. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
X		33. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
X		34. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	X	35. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	X	36. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	X	37. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge, whether honorable, other than honorable, for unfitness or unsuitability)
	X	38. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

31. Appendectomy (1920) age 3; Tonsillectomy age 18; Hemorrhoidectomy, age 20; Ruptured disc, age 43

33. Broken leg, age 2½; broken collarbone age ribs, age 22

34. U.S. Naval Hospital, Bethesda, Md., ruptured disc 1960, Proctology consult-sigmoidoscope March and September 1964, small polyp removed from rectum March 1964: Family Doctor [redacted]

[redacted], Md., minor colds

b6  
b7C

WARNING: A FALSE OR DISHONEST ANSWER TO ANY OF THE QUESTIONS ON THIS FORM MAY BE PUNISHED BY FINE OR IMPRISONMENT (18 U.S.C. 1001)

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

James F. Bland

SIGNATURE

James F. Bland

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

20. Uterus & ovaries - passed 3-4 months ago. Was taken care of by Dr. Matys.

21. wear glasses for distant vision - wear for driving only if that.

22. appendix & rectal polyps removed - 31 & 34.

b6  
b7C

b6  
b7C

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

4/6/67

SIGNATURE

NUMBER OF ATTACHED SHEETS

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO: *Rectology Cl-* FROM: (Requesting ward, unit, or activity) *PIE Rm* DATE OF REQUEST *2/6/67*

REASON FOR REQUEST (Complaints and findings)

*Pt who has had prior recto polypomy.*  
*1964. Has been advised to have chd a*  
*an armed physian-*

b6  
b7C

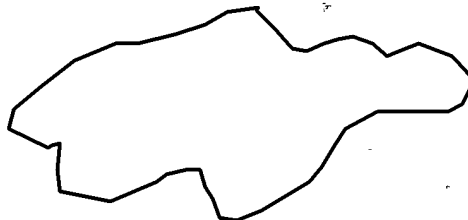
PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE *[Signature]* APPROVED PLACE OF CONSULTATION  
☐ BEDSIDE ☐ ON CALL ☐ EMERGENCY  
☐ ROUTINE

CONSULTATION REPORT

*S. g. m. d. e. s. p. y*  
*Normal to 25 cm*

b6  
b7C



(Continued on reverse side)

SIGNATURE AND TITLE DATE IDENTIFICATION NO. ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO. *FBI* WARD NO. *T-17*

BLAND JF 3-34-59  
B5-6-17M FBI

CONSULTATION SHEET  
Standard Form 513  
513-104-02

*FBI* 2-6-67

T-17  
USNH BETH

2 6 67 *200486 - 231*

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee  
(Type or print)

BLAND  
Last

JAMES  
First

F.  
Middle

The following portions of the attached examination report form need not be completed:

2.	14	68
3.	17	69
4.	62	72
9.	65	76
11.	67	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

*The medical examiner should answer the following question:*

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Male Employees and Male Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?  
☒ No. ☐ Yes. If "yes" please specify defects. \_\_\_\_\_
2. Does examinee have any defects prohibiting safe operation of motor vehicles?  
☒ No. ☐ Yes. If "yes" please specify defects. \_\_\_\_\_
3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No  
If recommendation is based on a factor other than above standard, indicate basis \_\_\_\_\_

67-200486-231

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5' 4"	117 - 125	123 - 135	131 - 148
5' 5"	120 - 129	126 - 139	134 - 152
5' 6"	124 - 133	130 - 143	138 - 157
5' 7"	128 - 137	134 - 148	143 - 162
5' 8"	132 - 141	138 - 152	147 - 166
5' 9"	136 - 146	142 - 156	151 - 170
5' 10"	140 - 150	146 - 161	155 - 175
5' 11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6' 1"	152 - 163	158 - 176	169 - 190
6' 2"	156 - 167	163 - 181	174 - 195
6' 3"	160 - 171	168 - 186	178 - 200
6' 4"	169 - 180	178 - 196	188 - 210
6' 5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, examinee should ☐ lose \_\_\_\_\_ pounds  
☐ gain \_\_\_\_\_ pounds

b6  
b7C

Remarks: \_\_\_\_\_

(Signature of Medical Examiner)

(Date)

2/6/67

August 31, 1966

Mr. William C. Sullivan  
Federal Bureau of Investigation  
Washington, D. C.

*Bland, James F.*

Dear Mr. Sullivan:

I am taking this opportunity to commend, through you, the personnel in the Domestic Intelligence Division for the splendid work done in connection with the preparation of comprehensive briefs of interest to the Bureau on a confidential matter.

Everyone demonstrated a high degree of thoroughness, competence and skill in handling individual assignments in this complex and extensive survey and, as a result, contributed much to its expeditious completion. I was particularly pleased with the devotion to duty and enthusiasm demonstrated by all in voluntarily working at much personal inconvenience on this matter. Please convey my sincere appreciation to those who participated.

b6  
b7C

Sincerely yours,

DUPLICATE YELLOW

1 - Mr. Sullivan (Personal Attention)

Re: Briefs on Microphones and Wire Taps

A copy of this letter is being placed in appropriate personnel files.

b6  
b7C

1 - Miss [ ] (Sent Direct)

CTP:ej

(88)

Based on memo [ ] to Sullivan 8-17-66 and addendum Administrative Division 8-25-66 re Briefs on Microphones and Wire Taps, Administrative Matter.

Copies prepared and attached for placing in following files: OVER

67-NOT RECORDED  
7 SEP 21 1966



Mr. William C. Sullivan

[REDACTED]  
Atkinson, William H.

[REDACTED]  
Bartlett, Orrin H.

[REDACTED]  
Bland, James F.  
Branigan, William A.

[REDACTED]  
Callahan, Daniel F. X.  
Cassidy, Fred J.

[REDACTED]  
Cox, Paul L.  
Cregar, William O.

[REDACTED]  
Deakin, Thomas J.  
DeBuck, Henry L.  
Deegan, Joseph G.

[REDACTED]  
Enlow, Philip F.  
Ezell, Otho A.

[REDACTED]  
Forsyth, William T.  
Franck, Robert Russ

[REDACTED]  
Griffith, Fred B.  
Horner, Robert M.  
Jackson, John A.

[REDACTED]  
Little, Howard W.

[REDACTED]  
Mastrovich, Nicholas J.

[REDACTED]  
Mossburg, E. Hyatt

[REDACTED]  
Neale, Alexander W.

[REDACTED]  
Papich, Sam

[REDACTED]  
Phillips, Seymor E.

[REDACTED]  
Putman, Forrest S.

[REDACTED]  
Reddy, Edward

[REDACTED]  
Ruehl, Vincent E.  
Rushing, Theron D.

[REDACTED]  
Solomon, Albert H.  
Stames, Nick F.

[REDACTED]  
Wacks, John F.  
Wagoner, James R.

[REDACTED]  
Wannall, W. Raymond

[REDACTED]  
Whitson, Lish

b6  
b7C

b6  
b7C

FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

## REPORT OF PERFORMANCE RATING

Name of Employee: James F. Bland

Where Assigned: Domestic Intelligence Subversive Control  
(Division) (Section, Unit)

Official Position Title and Grade: Special Agent, GS-16

Rating Period: from 4/1/66 to 3/31/67

ADJECTIVE RATING: OUTSTANDING  
Outstanding, Excellent, Satisfactory, Unsatisfactory

Employee's  
Initials

Rated by:

William C. Sullivan  
Signature

Assistant Director 3/31/67  
Title Date

Reviewed by:

Carlo L. Wood  
Signature

Assistant to the  
Director 3/31/67  
Title Date

Rating Approved by:

J. B. Smith  
Signature

Assistant to the  
Director 3/31/67  
Title Date

## TYPE OF REPORT

☒ Official  
☒ Annual

REC-134

67-200486-233	
Searched	Numbered
<input checked="" type="checkbox"/> Administrative	APR 27 1967
<input type="checkbox"/> 60-Day	
<input type="checkbox"/> 90-Day	
<input type="checkbox"/> Transfer	
<input type="checkbox"/> Separation from Service	
<input type="checkbox"/> Special	

7 MAY 1 1967

3/1/67

# PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee James F. Bland

## RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

### RATE ITEMS AS FOLLOWS:

- + Outstanding (exceeding excellent and deserving of special commendation).  
E Excellent.  
✓ Satisfactory (good or very good).  
- Unsatisfactory.  
0 No opportunity to appraise performance during rating period.

### Guide for determining adjective ratings:

- "Outstanding" adjective rating requires (A) that all elements be + and (B) that each and every rated element be factually justified by narrative details, including reasons for considering each worthy of Special Commendation and be attached to FD-185a.
- "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
  - Any element rated "Unsatisfactory" must be supported by narrative comments.
  - An official rating of "Unsatisfactory" must be supported in writing stating (1) wherein the performance is unsatisfactory, (2) the facts of the (90-day) prior warning, and (3) the efforts made after the warning to help the employee bring his performance up to a satisfactory level and must be attached to FD-185a.

- |   |   |
|---|---|
| <u>+</u> (1) Personal appearance.   | <u>+</u> (16) Firearms ability.   |
| <u>+</u> (2) Personality and effectiveness of his personal contacts.  | <u>0</u> (17) Development of informants and sources of information.   |
| <u>+</u> (3) Attitude (including dependability, cooperativeness; loyalty, enthusiasm, amenability and willingness to equitably share work load).  | <u>+</u> (18) Reporting ability: <ul style="list-style-type: none"> <li><u>0</u> (a) Investigative reports</li> <li><u>+</u> (b) Summary reports</li> <li><u>+</u> (c) Memos, letters, wires</li> </ul> (Consider: <u>+</u> conciseness; <u>+</u> clarity; <u>+</u> organization; <u>+</u> thoroughness; <u>+</u> accuracy; <u>+</u> adequacy and pertinency of leads; <u>+</u> administrative detail.)   |
| <u>+</u> (4) Physical fitness (including health, energy, stamina).  | <u>0</u> (19) Performance as a witness.   |
| <u>+</u> (5) Resourcefulness and ingenuity.   | <u>+</u> (20) Executive ability: <ul style="list-style-type: none"> <li><u>+</u> (a) Leadership</li> <li><u>+</u> (b) Ability to handle personnel</li> <li><u>+</u> (c) Planning</li> <li><u>+</u> (d) Making decisions</li> <li><u>+</u> (e) Assignment of work</li> <li><u>+</u> (f) Training subordinates</li> <li><u>+</u> (g) Devising procedures</li> <li><u>+</u> (h) Emotional stability</li> <li><u>+</u> (i) Promoting high morale</li> <li><u>+</u> (j) Getting results</li> </ul> |
| <u>+</u> (6) Forcefulness and aggressiveness as required.   | <u>0</u> (21) Ability on raids and dangerous assignments: <ul style="list-style-type: none"> <li><u>0</u> (a) As leader</li> <li><u>0</u> (b) As participant</li> </ul>   |
| <u>+</u> (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.   | <u>+</u> (22) Organizational interest, such as making of suggestions for improvement.   |
| <u>+</u> (8) Initiative and the taking of appropriate action on own responsibility.   | <u>+</u> (23) Ability to work under pressure.   |
| <u>+</u> (9) Planning ability and its application to the work.  | <u>+</u> (24) Miscellaneous. Specify and rate: <ul style="list-style-type: none"> <li><u>+</u> Dictation ability</li> <li><u>+</u> Capable of assuming additional responsibility</li> </ul>   |
| <u>+</u> (10) Accuracy and attention to pertinent detail.   |   |
| <u>+</u> (11) Industry, including energetic, consistent application to duties.  |   |
| <u>+</u> (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control.   |   |
| <u>+</u> (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.   |   |
| <u>+</u> (14) Investigative ability and results: <ul style="list-style-type: none"> <li><u>+</u> (a) Internal security cases</li> <li><u>0</u> (b) Criminal or general investigative cases</li> <li><u>0</u> (c) Fugitive cases</li> <li><u>0</u> (d) Applicant cases</li> <li><u>0</u> (e) Accounting cases</li> </ul> |   |
| <u>0</u> (15) Physical surveillance ability.  |   |

A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.):

Chief of the Subversive Control Section, Domestic Intelligence Division

B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker):

Administrator

- C. (1) Is employee available for general assignment wherever needs of service require? yes (If answer is not "yes," explain in narrative comments.)  
 (2) Is employee available for special assignment wherever needs of service require? yes (If answer is not "yes," explain in narrative comments.)

D. 1. Has employee had an abnormal sick leave record during rating period? no 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? no (If answer to either question is "yes," explain in narrative comments.)

E. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No  
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.  
 (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

ADJECTIVE RATING: OUTSTANDING

Outstanding, Excellent, Satisfactory, Unsatisfactory

EMPLOYEE'S INITIALS

## NARRATIVE COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY: Mr. Bland makes an exceedingly fine impression and has an outstanding personal appearance. He has a friendly personality, reflecting sincerity and integrity. He makes an excellent Bureau representative under any and all circumstances.
2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS: In his present assignment Mr. Bland has had no occasion to participate in raids and dangerous assignments. However, his experience and background would indicate he could function effectively in these areas.
3. LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING PERFORMANCE; AND SICK LEAVE INFORMATION: There are absolutely no limitations on his availability and his physical condition is excellent. He has continued to require a very bare minimum of sick leave.
4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED: Mr. Bland continues to serve as Section Chief of the Subversive Control Section, a position which he has held for several years. This Section has the over-all responsibility for the supervision of certain emergency programs and general racial intelligence matters. Due to the nature of the emergency programs supervised, they must be constantly completely workable and up-to-date. It is conceivable that these programs, or portions thereof, might have to be activated on a moment's notice. Mr. Bland affords very close supervision to all facets of the Section's work and displays a keen interest and enthusiasm. He has the absolute respect of all his subordinates and is depended upon by his superiors. He has the faculty for inspiring high quality performance and loyalty. He is capable of handling all types of complicated investigative cases, is an excellent administrator, and has outstanding executive ability. Frequently Mr. Bland has relieved on the desk of the Number One Man of the Division and his work in this area has been entirely satisfactory in every respect.

Initialed: \_\_\_\_\_

5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED: By letter dated 8/25/66 the Director congratulated Mr. Bland upon completion of 25 years of service with the FBI. By letter from the Director dated 8/31/66, Mr. Bland, along with other members of the Domestic Intelligence Division, was commended for work in connection with confidential briefs.
6. DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:  
(List items taken into consideration on rating guide and check list.)

N.A.

7. PARTICIPATION IN INFORMANT PROGRAMS: In his present assignment Mr. Bland has had no occasion to participate in informant programs as such; however, his experience, background, and personality certainly indicate he could perform in a highly satisfactory manner in this area.
8. TESTIFYING EXPERIENCE AND ABILITY: Mr. Bland has had no occasion to testify during the rating period but his make-up and demeanor attest to the fact that he would make an excellent witness.

9. ACCOUNTING INFORMATION:

N.A.

10. POLICE INSTRUCTION:

N.A.

11. RESIDENT AGENTS:

N.A.

Initialed: \_\_\_\_\_

12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:

Mr. Bland is a qualified Inspector's Aide but his services as such have not been utilized during the rating period.

13. FOREIGN LANGUAGE ABILITY: N.A.

Language in which proficient \_\_\_\_\_

Completed language school ☐ Yes ☐ No

Fluent in \_\_\_\_\_ language to extent Agent can handle typical investigative problems as follows: (1) Conversation form ☐ Yes ☐ No

(2) Written form ☐ Yes ☐ No

Evaluate language proficiency in each phase as excellent, very good, good, fair or unsatisfactory

<u>Language</u>	<u>Read</u>	<u>Write</u>	<u>Speak</u>	<u>Understand</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Frequency \_\_\_\_\_ language ability used during rating period:

Frequency of use of \_\_\_\_\_ language ability anticipated during ensuing year:

14. ADMINISTRATIVE ADVANCEMENT:

(a) Agent is interested in administrative advancement. ☒ Yes ☐ No

(b) Agent is completely available for administrative advancement. ☒ Yes ☐ No

(c) Agent is considered completely qualified at present for administrative advancement, including experience, ability, personality and appearance. ☒ Yes ☐ No

(d) If answer to (c) is "Yes," Agent's qualifications considered ☐ very good ☐ excellent ☒ outstanding.

(e) If answer to (c) is "No," Agent considered to have potential for future administrative advancement. (If applicable, explanatory comments required.) ☐ Yes ☐ No

Initialed: \_\_\_\_\_

March 31, 1967

**ANNUAL PERFORMANCE RATING**

**RE: JAMES F. BLAND**

- 1) Mr. Bland makes an outstanding personal appearance, being well groomed and properly attired on all occasions.
- 2) He has an ideal personality, reflecting friendliness and sincerity. He makes an immediate favorable impression on all those with whom he has contact, enabling him to gain cooperation and command loyalty.
- 3) Mr. Bland's outstanding attitude is among his most valuable attributes. He is cooperative with his associates and always willing to share equitably the work load. His enthusiasm is infectious, his loyalty unquestionable, and his dependability proved over the years.
- 4) Special Agent Bland is in excellent physical condition, thus accounting for his abundance of energy and great stamina.
- 5) Mr. Bland's refreshing approach to his duties indicates both resourcefulness and ingenuity.
- 6) While Mr. Bland's pleasant manner enables him to get along with fellow employees, he is most forceful and aggressive when the occasion requires.
- 7) He has good common sense and outstanding judgment that enable him to readily arrive at proper conclusions and to define objectives in proper order.
- 8) Mr. Bland requires a minimum of supervision even though he is regularly performing important duties demanding decisions of import. He is quick to act on his own initiative and his appropriateness of action is ever apparent.
- 9) He has planning ability and his application thereof to his work helps account for his successful performance of duties.
- 10) Mr. Bland is accurate in his thinking and his action. While he does not allow himself to become bogged down in detail he recognizes that which is pertinent and acts accordingly.

- 11) Mr. Bland displays outstanding industry, being ever willing to accept additional responsibility. He applies his vast energy to assignment after assignment, never being satisfied to put in less than a very full day's work.
- 12) He is capable of producing an unusually large amount of acceptable work at a high rate of speed. He prides himself on meeting deadlines and insists that those working with him do likewise.
- 13) Mr. Bland is not only completely familiar with Bureau policies, procedures, rules, and regulations but also has an expert facility for properly applying them to his own work and that of his subordinates.
- 14) Mr. Bland has had extensive field investigative experience and his superior knowledge and understanding of investigative problems are reflected in the outstanding manner in which he supervises the investigative work charged to the Subversive Control Section.
- 15) In his present assignment Mr. Bland has no occasion to participate in physical surveillances. However, it is obvious from his ingenuity, common sense, and general appearance and personality he would be above average should his services be so required.
- 16) Mr. Bland is very interested in firearms and the use thereof, having outstanding ability in this field.
- 17) During recent years Mr. Bland has not been directly involved in the development of informants, but his background and current effectiveness leave no doubt that he could do an outstanding job along this line.
- 18) Mr. Bland has a gift for preparation of documents. His letters, briefs, memoranda, and other written material are concise, clear, thorough, accurate, well organized, and replete with pertinent detail.
- 19) Special Agent Bland has not been called upon to testify as a witness during the rating period. However, his demeanor, sincerity, and personality would lend themselves to his being most effective in this category.
- 20) In so ably controlling the work of his Section and in successfully relieving in positions of even greater responsibility than his own, Mr. Bland has clearly indicated outstanding executive ability. He is able to supervise personnel because



- 21) Due to the nature of his current assignment, Mr. Bland is not called upon to participate in raids and similar dangerous assignments. However, his previous field experience and personal make-up would lend themselves to such work.
- 22) In view of his over-all enthusiasm for the work and welfare of the Bureau in general, Mr. Bland has an avid organizational interest. He makes frequent sound, constructive suggestions for the improvement of operations in his own Section, as well as in other areas.
- 23) Mr. Bland is never adversely affected by the heavy pressure under which he must frequently perform but rather appears to thrive on it, often putting forth his finest efforts under unfavorable conditions and short deadlines.
- 24) Mr. Bland has outstanding dictation ability, making the work of stenographic and secretarial personnel much smoother.

Through his extensive experience in the field and at the Seat of Government, Mr. Bland has demonstrated that he is an outstanding administrator and executive and has the necessary qualifications to assume additional responsibility.

✓  
REC-131

April 27, 1967

PERSONAL

Mr. James F. Bland  
Federal Bureau of Investigation  
Washington, D. C.

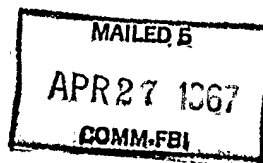
Dear Bland:

It is a pleasure to advise that you have earned an Outstanding performance rating covering your services for the period April 1, 1966, to March 31, 1967, which has been approved by the Departmental Committee on Incentive Awards. A copy of your rating is enclosed for your retention.

In view of the extremely high caliber of your services, I have approved a quality within-grade salary increase for you from \$23,425 per annum to \$24,005 per annum in Grade GS 16, effective May 7, 1967. It is apparent you have approached your work with a determination to do the best job possible and it is equally apparent that you have succeeded. Please accept my sincere congratulations upon your splendid achievement.

Sincerely,

J. Edgar Hoover



1  
Enclosure

1 - Mr. Sullivan (PERSONAL ATTENTION) Enclosures (2)

You should personally present this award but should this not be possible or should presentation be unreasonably delayed by your absence official acting for you should present it.

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Wick \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

1 - Movement

1 - Miss [redacted]

1 - Miss [redacted]

1 - Miss [redacted]

1 - Voucher

Y 3 1967 B4  
(Sent Direct)

Statistical Section (Sent Direct)

b6  
b7C

sab sab\* (9)

234

from [redacted]

RGH-W3A

UNITED STATES GOVERNMENT

# Memorandum

b6  
b7C

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Wick \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

TO : Mr. Mohr

DATE: 4-7-67

FROM : N. P. Callahan

SUBJECT: JAMES F. BLAND

Chief - Subversive Control Section  
Domestic Intelligence Division  
GS 16, \$23,425

OUTSTANDING ANNUAL PERFORMANCE RATING

There is attached for approval the annual performance report for Mr. Bland in which his services have been rated Outstanding for the period 4-1-66 to 3-31-67. During the current rating period no administrative action has been taken against him and he was commended once through a superior. Mr. Bland was rated Excellent on his 1966 annual performance report and his overtime has been satisfactory.

It is respectfully requested that this rating be approved and that you, as the Director's Alternate on the Departmental Committee on Incentive Awards, sign both the original and the copy as the Approving Official. Thereafter it will be transmitted to the Department with other Outstanding ratings for approval by the Departmental Committee on Incentive Awards. Mr. Bland will then be entitled to a cash incentive award in the amount of \$400 as has been approved in the past for those below the level of Assistant Director who are in Grade GS 16 or above, or for a Quality Salary Increase of \$670 payable during a 52-week period. Mr. Bland is not at the top of his grade or in line for grade promotion; thus the Quality Salary Increase would be more beneficial to him at this time.

## RECOMMENDATION:

That you, as Approving Official, sign the original and the copy of the attached Outstanding performance rating and upon approval of the rating by the Department, Mr. Bland be furnished a copy of his rating and approved for a Quality Salary Increase effective 5-7-67.

*Special salutation  
per Reading Room*

REC-131

67-000486-2134  
Searched \_\_\_\_\_  
Indexed \_\_\_\_\_  
Filed \_\_\_\_\_  
Date 4-27-67  
cat

Enclosures  
LDH:jap (3)  
1 - Miss \_\_\_\_\_

PERMANENT BRIEF ATTACHED.

REPORT OF MEDICAL EXAMINATION

F.B.I.

8-108

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>Bland, James F.</b>			2. GRADE AND COMPONENT OR POSITION <b>SA</b>		3. IDENTIFICATION NO. <b>3-34-59</b>	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)			5. PURPOSE OF EXAMINATION <b>Annual</b>		6. DATE OF EXAMINATION <b>1-24-68</b>	
7. SEX <b>M</b>	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____		10. AGENCY	11. ORGANIZATION UNIT	
12. DATE OF BIRTH <b>5/6/17</b>		13. PLACE OF BIRTH <b>Mo.</b>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <b>NVNC</b>				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

NOR- MAL	CLINICAL EVALUATION (Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL
	18. HEAD, FACE, NECK, AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 61)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

REC-135

ENCLOSURE  
5 att

67-200 486-241	
Searched	Numbered
4	MAR 18 1967
RESULTS	
15.4	HGB GMS 100ML
46	HCT %
7.4	WBC $\times 10^3$
68	NUT %
1	BAND %
22	LYMPH %
1	EOS %
	BASO %
8	MONOS %
	PLATELET $\times 10^3$

#48

Frequent unifocal PVC's.

3  
JLC

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																	
O—Restorable teeth —Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures (6 X 8)—Fixed bridge, brackets to include abutments																	
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
I																	E
G	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	T
H																	
T																	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
Exam Dipept
Class - ?
Caries as noted

45. URINALYSIS: A. SPECIFIC GRAVITY <b>1.019</b>		46. CHEST X-RAY (Place, date, film number and result)	
ALBUMIN <b>neg neg</b>	D. MICROSCOPIC <b>Ess. neg</b>	<b>6495 - See Report</b>	
(Specify test used and result)	48. EKG <b>See notes above</b>	50. OTHER TESTS	
<b>MAR 21 1968</b>	49. BLOOD TYPE AND RH FACTOR	Thyroid function } See Reports Proctology }	

PBI-4.9

# MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT <i>69"</i>	52. WEIGHT <i>164</i>	53. COLOR HAIR <i>Brown</i>	54. COLOR EYES <i>Brown</i>	55. BUILD: (Check one)	SLENDER	MEDIUM	HEAVY	OBESE	56. TEMPERATURE
57. BLOOD PRESSURE (Arm at heart level)				58. PULSE (Arm at heart level)					
A. SITTING	SYS. <i>130</i> DIAS. <i>90</i>	B. RECUMBENT	SYS. <i>84</i> DIAS. <i>84</i>	C. STANDING (3 min.)	A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION	
RIGHT 20/	<i>20</i>	CORR. TO 20/	<i>20</i>	BY	S.	CX	<i>125 M</i>	CORR. TO	BY
LEFT 20/	<i>20</i>	CORR. TO 20/	<i>20</i>	BY	S.	CX	<i>125 M</i>	CORR. TO	BY
62. HETEROPHORIA (Specify distance)									
ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV.	CT	PC	PD	
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)	
RIGHT LEFT				<i>P/P 16/16</i>				UNCORRECTED	
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				CORRECTED	
68. RED LENS TEST				69. INTRAOCULAR TENSION					
70. HEARING				71. AUDIOMETER				72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)	
RIGHT WV <i>15</i> /15 SV <i>15</i> /15				250 256 500 512 1000 1024 2000 2048 3000 2896 4000 4096 6000 6144 8000 8192					
LEFT WV <i>15</i> /15 SV <i>15</i> /15				RIGHT					
				LEFT					

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

*No significant interval history*

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

*Defective vision, cor. by lens, a.c.d.  
Enlarged thyroid 5, mass, clinically euthyroid, n.c.*

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

*Proctology  
24 hour ITC yTake scan & PBT*

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR  
B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

76. A. PHYSICAL PROFILE						
P	U	L	H	E	S	

B. PHYSICAL CATEGORY			
A	B	C	E

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

Bland, James F.

REGISTER NO.

WARD NO.

AGE

SEX

50 M

PHYSICAL EXAM ROOM

☐ BEDSIDE, WHEELCHAIR, OR STRETCHER

☐ BED PATIENT

☒ AMBULATORY

EXAMINATION REQUESTED

P.A. Chest

REQUESTED BY

DC

DATE OF REQUEST

1-24-68

(Above space for mechanical Imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

b6  
b7C

FILM NO.

6495

DATE OF REPORT

1-25-68

RADIOGRAPHIC REPORT

PA CHEST: There is a small amount of pleural scarring at the right costophrenic angle. There is no evidence of active disease in the chest.

b6  
b7C

LCDR MC USN  
df

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

Standard Form 519A (Rev. Aug. 1954)  
Promulgated by Bureau of the Budget  
Circular A-32 (Rev.)  
RADIOGRAPHIC REPORT  
519-205

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

ENCLOSURE

67-200486-241

**RADIOISOTOPE LABORATORY  
U. S. NAVAL HOSPITAL  
NATIONAL NAVAL MEDICAL CENTER  
BETHESDA, MARYLAND**

### STUDIES PERFORMED AND RESULTS:

**OTHER STUDIES:**

**IMPRESSION:**

The 24 hour uptake and T-3 tests are normal. The scan demonstrates diffuse patchy uptake. This is consistent with nontoxic nodular goiter.

b6  
b7C

LCDR MC USN

**Head, Radioisotope Laboratory**

**NORMAL VALUES:**

2 Hour Uptake: 0-4%  
6 Hour Uptake: 8-25%  
24 Hour Uptake: 15-40%  
T-3 Resin Uptake: 28-45%

**ENCLOSURE**

ENCLOSURE 67-200486-241

CLINICAL RECORD

CONSULTATION SHEET

REQUEST		
TO: <i>RIT</i>	FROM: (Requesting ward, unit, or activity) <i>PER T-18</i>	DATE OF REQUEST <i>1/24/68</i>


REASON FOR REQUEST (Complaints and findings)

*Request 24 hour update, scan & T3*

b6  
b7C

PROVISIONAL DIAGNOSIS

*Endogenous hyperadrenalism, etc.*

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	<input type="checkbox"/> EMERGENCY
		<input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ON CALL	<input checked="" type="checkbox"/> ROUTINE

CONSULTATION REPORT

(Continued on reverse side)

SIGNATURE AND TITLE	DATE	IDENTIFICATION NO.	ORGANIZATION
<i>BLAND JF</i>	<i>3-34-59</i>		
<i>B5-6-17M</i>	<i>FBI</i>		
PATIENT'S IDENTIFICATION (For typed or written entries check Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.
<i>FBI</i>			
<i>1-24-68</i>			

CONSULTATION SHEET  
Standard Form 513  
513-104-02

ENCLOSURE

*67-200136-241*

T-183  
HONORARY



CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO: *Proctology* FROM: (Requesting ward, unit, or activity) *PER T-18* DATE OF REQUEST *1/24/68*

REASON FOR REQUEST (Complaints and findings)

*Rectal polyp at 10cm removed 1967*

b6  
b7C

PROVISIONAL DIAGNOSIS

*Return to  
NMS Board Room*

DOCTOR'S NAME [REDACTED] APPROVED [REDACTED] PLACE OF CONSULTATION  
☐ BEDSIDE ☒ ON CALL ☐ EMERGENCY  
☒ ROUTINE

CONSULTATION REPORT

*Proctology: no abnormality.  
will give Cordian 0.08% to apply to  
rectal area p.p.n*

b6  
b7C

(Continued on reverse side)

SIGNATURE AND TITLE DATE IDENTIFICATION NO. ORGANIZATION  
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility) REGISTER NO. WARD NO.

BLAND JF 3-34-59  
BS-6-17H FBI

*FBI* 1-4-68

ENCLOSURE

CONSULTATION SHEET  
Standard Form 513  
513-104-02

*67-260486-241*

1-18  
HSHH RETH 1 64 68

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee Bland James F.  
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	9	62	69
3	11	65	72
4	14	67	76
8	17	68	

46. Is necessary unless facilities for affording same are not readily available.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Male Employees and Male Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects: \_\_\_\_\_

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects: \_\_\_\_\_

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☒ Yes ☐ No

If recommendation is based on a factor other than above standard, indicate basis \_\_\_\_\_

SA Bland was advised on 3/15/68 that it  
will be necessary for him to wear corrective  
glasses while driving a Government vehicle.

(Signature)

b6  
b7C

107-200416-21

### Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose \_\_\_\_\_ pounds  
☐ gain \_\_\_\_\_ pounds

Remarks: \_\_\_\_\_ b6  
b7C

REC'D - ADMIN DIV  
- B T -

MAR 12 9 01 AM '68

\_\_\_\_\_  
 Signature of Medical Examiner  
 24 January 1968  
 Date

**ELECTION, DECLINATION, OR WAIVER  
OF LIFE INSURANCE COVERAGE**  
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT  
AGENCY INSTRUCTIONS  
ON BACK OF ORIGINAL**

**TO COMPLETE THIS FORM—**

**1**

**FOLLOW THESE GENERAL INSTRUCTIONS:**

- Read the back of the "Duplicate" carefully before you fill in the form.
- Fill in BOTH COPIES of the form. Type or use ink.
- Do not detach any part.

**2**

**FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):**

NAME (last)	(first)	(middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER
Bland,	James	Field	5/6/17	215   44   8102
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	
Federal Bureau of Investigation			Washington, D. C.	

**3**

**MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):**

Mark here  
if you  
**WANT BOTH**  
optional and  
regular  
insurance

☐  
(A)

**ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE**

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here  
if you  
**DO NOT WANT**  
**OPTIONAL** but  
do want  
regular  
insurance

☒  
(B)

**DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE**

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here  
if you  
**WANT NEITHER**  
regular nor  
optional  
insurance

☐  
(C)

**WAIVER OF LIFE INSURANCE COVERAGE**

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

**4**

**SIGN AND DATE. IF YOU MARKED BOX "A" OR "C",  
COMPLETE THE "STATISTICAL STUB." THEN RETURN  
THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.**

SIGNATURE (do not print)

*James G. Bland*

DATE

*February 2, 1968*

**FOR EMPLOYING OFFICE USE ONLY**

(official receiving date stamp)

FEB 8 1968

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

STANDARD FORM No. 176-T  
JANUARY 1968  
(For use only until April 14, 1968)  
176-101

# INSTRUCTIONS TO EMPLOYING AGENCY

- Who must file.**—All employees not excluded by law or regulation from insurance coverage, including those who have previously waived coverage, are required to complete and file Standard Form 176-T. Employees who are in the service on February 14, 1968, as well as those who are appointed after that date but before April 14, 1968, must file the form.
- Automatic cancellation of previously filed waivers.**—All "Waivers of Life Insurance Coverage" (SF 53) on file are automatically canceled as of the first day of the first pay period beginning on or after February 14, 1968. Payroll offices are to begin regular insurance deductions on the automatic cancellation date for employees who do not file a new waiver, i.e., those who do not check box C of SF 176-T, on or before that date.
- Employees failing to file.**—If an employee does not return a completed SF 176-T, contact him and urge him to do so even if he does not want optional insurance (he will, of course, be automatically covered for regular insurance). If he still fails to file SF 176-T by April 14, 1968, or 31 days after appointment, whichever is later, file one for him as of that date: mark box B, and note in the space provided for his signature "employee contacted—failed to elect optional insurance." See note 2 below.
- Review of completed forms.**—(a) Review both copies of the SF 176-T for legibility, completeness, and consistency. Reconcile with the employee any obvious major

discrepancy such as a mark in more than one box.  
(b) If the employee marked box A or box C, make sure the Statistical Stub is complete. Then detach and mail stubs, in a bundle, weekly to:

Office of Federal Employees' Group Life Insurance  
(Statistical Study)  
4 East 24th Street  
New York, New York 10010

(c) If the employee marked box B, detach and destroy the stub.

- Date of receipt and effective date.**—(a) Stamp date of receipt by employing office in the space provided for this purpose on both the Original and the Duplicate.  
(b) The effective date is determined from the table below.
- Disposition of forms.**—(a) File the Original SF 176-T in the official personnel folder in all cases.  
(b) Any necessary payroll change, with effective date, may be posted in the space reserved on the Duplicate for employing office.  
(c) The Duplicate may be destroyed, if no payroll action is required, or after the requirements of the agency's payroll system have been met.
- Use of SF 176-T.**—SF 176-T "Election, Declination, or Waiver of Life Insurance Coverage" should not be used after the initial filing period (after April 14, 1968). A revised edition will be available for use after that date.

TABLE OF EFFECTIVE DATES

DATE SF 176-T RECEIVED BY EMPLOYING OFFICE	EMPLOYEE'S DECISION	EFFECTIVE DATE (IF NO WAIVER, SF 53, IN EFFECT)	
		OF DECISION	OF DEDUCTIONS
On or before February 14, 1968.	Elects optional (in addition to regular) (box A).	Coverage effective February 14, 1968.	Deductions begin 1st day of 1st pay period beginning on or after February 14, 1968.
	Declines optional (but not regular) (box B).	Declination effective February 14, 1968.	
	Waives regular (so ineligible for optional) (box C).	Waiver effective last day of pay period in which February 14, 1968 falls.	Deductions stop last day of pay period in which February 14, 1968 falls.
After February 14 but not later than April 14, 1968.	Elects optional (in addition to regular) (box A).	Coverage effective on date of receipt.	Deductions begin 1st day of 1st pay period beginning on or after date of receipt.
	Declines optional (but not regular) (box B).	Declination effective on date of receipt, but employee loses automatic optional protection on February 14, 1968.	
	Cancels previously elected optional (but not regular) (box B).	Cancellation effective last day of pay period in which received.	Deductions for optional stop last day of pay period in which received.
	Waives regular (so ineligible for optional) (box C).	Waiver effective last day of pay period in which received.	Deductions stop last day of pay period in which received.

- NOTES: 1. Because regular insurance coverage and deductions are automatic unless waived (by checking box C), A and B elections do not affect regular insurance effective dates.  
2. An employee for whom the agency files SF 176-T because he failed to file is deemed to have declined optional, but not regular, insurance.  
3. An employee with an uncancelled waiver (SF 53) on file cannot be insured any earlier than the first day he is in duty and pay status in a pay period beginning on or after February 14, 1968; filing of an SF 176-T before that date will not cancel an SF 53 any earlier. Deductions begin the day he becomes insured.  
4. The effective date of regular (and optional) insurance coverage for an employee who has been on leave without pay for more than 1 year is the first day he is in pay and duty status. Deductions are effective the same day.

NOTIFICATION OF PERSONNEL ACTION

5 PART  
50-124-04

(FOR AGENCY USE)

1. NAME (CAPS) LAST-FIRST-MIDDLE <b>BLAND, JAMES F. (MR.)</b>		MR.—MISS—MRS.	2. (FOR AGENCY USE)	3. BIRTH DATE (Mo., Day, Year) <b>5-6-17</b>	4. SOCIAL SECURITY NO. <b>215-44-8102</b>
5. VETERAN PREFERENCE <b>1</b> 1—NO 2—5 PT. 3—10 PT. DISAB. 4—10 PT. COMP. 5—10 PT. OTHER			6. TENURE GROUP	7. SERVICE COMP. DATE	8. PHYSICAL HANDICAP CODE
9. FEGLI 1—COVERED 2—INELIGIBLE 3—WAIVED			10. RETIREMENT 1—CS 2—FICA 3—FS 4—NONE 5—OTHER		11. (FOR CSC USE)
12. CODE NATURE OF ACTION <b>REASSIGNMENT</b>			13. EFFECTIVE DATE (Mo., Day, Year) <b>8-31-67</b>		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>EXCEPTED BY LAW</b>
15. FROM: POSITION TITLE AND NUMBER <b>Supervisory Special Agent (Chief of the Subversive Control Section) 160</b>			16. PAY PLAN AND OCCUPATION CODE <b>GS</b>		17. (a) GRADE OR LEVEL <b>16</b> (b) STEP OR RATE <b>7</b>
					18. SALARY <b>\$24,095 pa</b>
19. NAME AND LOCATION OF EMPLOYING OFFICE					

20. TO: POSITION TITLE AND NUMBER <b>Supervisory Special Agent 160</b>		21. PAY PLAN AND OCCUPATION CODE <b>GS</b>		22. (a) GRADE OR LEVEL <b>16</b> (b) STEP OR RATE <b>7</b>	23. SALARY <b>\$24,095 pa</b>
24. NAME AND LOCATION OF EMPLOYING OFFICE					

25. DUTY STATION (City—county—State) <b>S. &amp; E., FBI</b>				26. LOCATION CODE	
27. APPROPRIATION		28. POSITION OCCUPIED 1—COMPETITIVE SERVICE 2—EXCEPTED SERVICE		29. APPORTIONED POSITION FROM: TO: STATE	

30. REMARKS: ☐ A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING ☐ B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM: ☐ C. DURING PROBATION ☐ D. FROM APPOINTMENT OF 6 MONTHS OR LESS

SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE:

Basis for this position is Section 505 (e) of the Classification Act of 1949 as amended.

67-NOT RECORDED  
15 SEP 12 1967

31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)		34. SIGNATURE (Or other authentication) AND TITLE <b>J. E. Hoover</b> <b>Director</b>	
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)		35. DATE <b>9-5-67</b>	
33. CODE <b>DJ 02</b>	EMPLOYING DEPARTMENT OR AGENCY <b>FEDERAL BUREAU OF INVESTIGATION</b> <b>WASHINGTON, D.C. 20535</b>		

4. PERSONNEL FOLDER COPY

☆ U. S. GOVERNMENT PRINTING OFFICE: 1966-237-227

August 9, 1967

James F. Bland

Mr. William C. Sullivan  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Sullivan:

I want to commend, through you, the personnel in your Division for their splendid efforts in connection with information which was presented to the President's National Advisory Commission on Civil Disorders.

Through their spirit of enthusiasm and willingness to get the job done without regard to personal convenience, a great deal of necessary research was accomplished in a short time. Please convey to them my deep gratitude for their effective teamwork.

Sincerely yours,

b6  
b7C

1 - Mr. Sullivan (Personal Attention)

Copy of this letter is being placed in files of appropriate personnel.

DUPLICATE YELLOW

1 - Miss [ ] (Sent Direct)  
LDH:klb (52)

Based on memo Sizoo to Sullivan 8-3-67 re Brief Prepared by Domestic Intelligence Division for the Director's Testimony Before the President's National Advisory Commission on Civil Disorders.

Copies prepared and attached for placing in personnel files of: (OVER)

NOT RECORDED  
AUG 20 1967 71

Mr. William C. Sullivan  
FBI, Washington, D. C.

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

James F. Bland  
Paul L. Cox

[REDACTED]

Philip F. Enlow

[REDACTED]

William T. Forsyth

[REDACTED]

Robert M. Horner

John A. Jackson

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Joseph C. Trainor

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Joseph G. Deegan

[REDACTED]

Thomas J. Deakin

[REDACTED]

Charles D. Brennan

Russell H. Horner

Joseph A. Marion, Jr.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Russell S. Garner

[REDACTED]

Donald E. Moore

Joseph A. Sizoo

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

b6  
b7C

b6  
b7C



FORM 3-542 (9-14-64) APPROVED COMP.  
GEN. U.S. 4-5-63 IN LIEU OF  
SF 1126

# FEDERAL BUREAU OF INVESTIGATION

NAME: LAST, FIRST, MIDDLE

SOCIAL SECURITY NUMBER

## NOTIFICATION OF BASIC CHANGE

CODE - NATURE OF ACTION,

EFFECTIVE DATE

DATE OF LAST EQUIV. INCR.

☒

892 - QUALITY INCREASE

☐

896 - ADMIN. PAY INCREASE

☐

893 - WITHIN GRADE INCREASE

☐

897 - ADMIN. PAY DECREASE

☐

894 - PAY ADJUSTMENT

☐

OTHER (SPECIFY IN REMARKS)

GRADE OR LEVEL

STEP OR RATE

OLD SALARY

NEW SALARY

## DATA ON UNPAID ABSENCE

PERIOD(S)

TOTAL EXCESS

IN PAY STATUS AT END OF WAITING PERIOD

INITIALS

☒

EMPLOYEE'S WORK IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.

☐

EMPLOYEE'S PERFORMANCE RATING IS SATISFACTORY OR BETTER.

REMARKS:

NOT RECORDED  
14 MAY 12 1967

*J. Edgar Hoover*

JOHN EDGAR HOOVER  
DIRECTOR

PERSONNEL FILE COPY

(DATE)

✓H  
REC-147

April 5, 1968

PERSONAL

Mr. James F. Bland  
Federal Bureau of Investigation  
Washington, D. C.

Dear Bland:

I am pleased to advise that you have been afforded an Outstanding performance rating for the period April 1, 1967, to March 31, 1968. There is enclosed a copy of this rating for your retention.

In recognition of your exceptional services, I have approved an incentive award for you in the amount of \$450.00 and the enclosed check represents this award. You have discharged your heavy responsibilities superbly and in keeping with the best traditions of the Bureau. I want you to know that I am most appreciative.

Sincerely,

J. Edgar Hoover

Enclosures (2)

1 - Mr. Bishop (Personal Attention) Enclosure

You should personally present this award and should this not be possible or should presentation be unreasonably delayed by your absence official acting for you should present it. Inform employee net amount of check represents this award less withholding tax.

1 - Miss [ ] (Sent Direct)

LRH:jmp  
(5)

67-200486

Award #672-68

Based on memo Mohr-Mr. Tolson 4/2/68.

Reed  
6

Tolson	_____
DeLoach	_____
Mohr	_____
Bishop	_____
Casper	_____
Callahan	_____
Conrad	_____
Felt	_____
Gale	_____
Rosen	_____
Sullivan	_____
Tavel	_____
Trotter	_____
Tele. Room	_____
Holmes	_____
Gandy	_____

MAIL ROOM ☐ TELETYPE UNIT ☐ 1968 29

242-

b6  
b7C

alt

UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. Tolson

DATE: 4-2-68

FROM : J. P. Mohr

SUBJECT: JAMES F. BLAND  
Number One Man  
Crime Records Division

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

b6  
b7C

## OUTSTANDING ANNUAL PERFORMANCE RATING

There is attached for approval the annual performance report for Mr. Bland in which his services have been rated Outstanding for the period 4-1-67 to 3-31-68. Mr. DeLoach has signed this rating as the Reviewing Official.

In the event you approve this rating, it is respectfully requested that the Director sign both the original and the copy as the Approving Official. After approval of the rating, Mr. Bland will be furnished a copy of his rating. He will also be entitled to a cash incentive award under the provisions of the Incentive Awards Plan. Mr. Bland is in Grade GS 16 and will be entitled to an award in the amount of \$450 as has been approved for those who are in Grade GS 16 or GS 17.

## RECOMMENDATION:

That the Director, as Approving Official, sign the original and the copy of the attached Outstanding performance rating for Mr. Bland and that he be furnished a copy of his rating and afforded an incentive award of \$450.

b6  
b7C

67-200486-242  
Searched \_\_\_\_\_ Numbered \_\_\_\_\_  
4 APR 9 1968

Enclosures  
LDH:pam  
(2)

PERMANENT BRIEF ATTACHED.

FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

## REPORT OF PERFORMANCE RATING

Name of Employee: JAMES F. BLANDWhere Assigned: Crime Records Front Office  
(Division) (Section, Unit)Official Position Title and Grade: Special Agent - #1 Man, GS-16Rating Period: from 4-1-67 to 3-31-68ADJECTIVE RATING: OUTSTANDING Employee's  
Outstanding, Excellent, Satisfactory, Unsatisfactory InitialsRated by: Thomas E. Bishop Inspector in Charge 4-1-68  
Signature Title DateReviewed by: Charles A. Loeck Assistant to the Director 4/1/68  
Signature Title DateRating Approved by: [Signature] [Signature] [Signature]  
Signature Title Date

## TYPE OF REPORT

☒ Official  
☒ Annual

REC-143

67	200486-243
Searched	Numbered
7	APR 9 1968
Administrative	

☐ 60-Day  
☐ 90-Day  
☐ Transfer  
☐ Separation from Service  
☐ Special

9 APR 11 1968

3/1/68

# PERFORMANCE RATING GUIDE FOR INVESTIGATIVE PERSONNEL

(For use as attachment to Performance Rating Form No. FD-185)

Name of Employee JAMES F. BLAND

## RATING GUIDE AND CHECK-LIST

Note: Only those items having pertinent bearing on employee's performance should be rated. All employees in same salary grade should be compared.

### RATE ITEMS AS FOLLOWS:

- + Outstanding (exceeding excellent and deserving of special commendation).  
E Excellent.  
✓ Satisfactory (good or very good).  
- Unsatisfactory.  
O No opportunity to appraise performance during rating period.

### Guide for determining adjective rating:

- "Outstanding" adjective rating requires (A) that all elements be + and (B) that each and every rated element be factually justified by narrative details, including reasons for considering each worthy of Special Commendation and be attached to FD-185a.
- "Excellent," "Satisfactory" or "Unsatisfactory" adjective ratings will depend upon the composite result of evaluating all rated elements rather than following any mechanical formulas; however, for an employee to be rated "Excellent" he must not be rated unsatisfactory on any performance evaluation factors on the rating guide and check-list and must be rated "Excellent" or "Outstanding" on the majority of such rating factors. Good judgment must be exercised to insure that adjective rating is reasonable in the light of elements rated.
  - Any element rated "Unsatisfactory" must be supported by narrative comments.
  - An official rating of "Unsatisfactory" must be supported in writing stating (1) wherein the performance is unsatisfactory, (2) the facts of the (90-day) prior warning, and (3) the efforts made after the warning to help the employee bring his performance up to a satisfactory level and must be attached to FD-185a.

- |   |   |
|---|---|
| <u>+</u> (1) Personal appearance.   | <u>+</u> (16) Firearms ability.   |
| <u>+</u> (2) Personality and effectiveness of his personal contacts.  | <u>O</u> (17) Development of informants and sources of information.   |
| <u>+</u> (3) Attitude (including dependability, cooperativeness, loyalty, enthusiasm, amenability and willingness to equitably share work load).  | <u>+</u> (18) Reporting ability: <ul style="list-style-type: none"> <li><u>+</u> (a) Investigative reports</li> <li><u>+</u> (b) Summary reports</li> <li><u>+</u> (c) Memos, letters, wires</li> <li>(Consider: <u>+</u> conciseness; <u>+</u> clarity; <u>+</u> organization; <u>+</u> thoroughness; <u>+</u> accuracy; <u>+</u> adequacy and pertinency of leads; <u>+</u> administrative detail.)</li> </ul>  |
| <u>+</u> (4) Physical fitness (including health, energy, stamina).  | <u>O</u> (19) Performance as a witness.   |
| <u>+</u> (5) Resourcefulness and ingenuity.   | <u>+</u> (20) Executive ability: <ul style="list-style-type: none"> <li><u>+</u> (a) Leadership</li> <li><u>+</u> (b) Ability to handle personnel</li> <li><u>+</u> (c) Planning</li> <li><u>+</u> (d) Making decisions</li> <li><u>+</u> (e) Assignment of work</li> <li><u>+</u> (f) Training subordinates</li> <li><u>+</u> (g) Devising procedures</li> <li><u>+</u> (h) Emotional stability</li> <li><u>+</u> (i) Promoting high morale</li> <li><u>+</u> (j) Getting results</li> </ul> |
| <u>+</u> (6) Forcefulness and aggressiveness as required.   | <u>O</u> (21) Ability on raids and dangerous assignments: <ul style="list-style-type: none"> <li><u>+</u> (a) As leader</li> <li><u>+</u> (b) As participant</li> </ul>   |
| <u>+</u> (7) Judgment, including common sense, ability to arrive at proper conclusions, ability to define objectives.   | <u>+</u> (22) Organizational interest, such as making of suggestions for improvement.   |
| <u>+</u> (8) Initiative and the taking of appropriate action on own responsibility.   | <u>+</u> (23) Ability to work under pressure.   |
| <u>+</u> (9) Planning ability and its application to the work.  | <u>+</u> (24) Miscellaneous. Specify and rate: <ul style="list-style-type: none"> <li><u>+</u> Dictation ability</li> </ul>   |
| <u>+</u> (10) Accuracy and attention to pertinent detail.   |   |
| <u>+</u> (11) Industry, including energetic, consistent application to duties.  |   |
| <u>+</u> (12) Productivity, including amount of acceptable work produced and rate of progress on or completion of assignments. Also consider adherence to deadlines unless failure to meet is attributable to causes beyond employee's control.   |   |
| <u>+</u> (13) Knowledge of duties, instructions, rules and regulations, including readiness of comprehension and "know how" of application.   |   |
| <u>O</u> (14) Investigative ability and results: <ul style="list-style-type: none"> <li><u>+</u> (a) Internal security cases</li> <li><u>+</u> (b) Criminal or general investigative cases</li> <li><u>+</u> (c) Fugitive cases</li> <li><u>+</u> (d) Applicant cases</li> <li><u>+</u> (e) Accounting cases</li> </ul> |   |
| <u>O</u> (15) Physical surveillance ability.  |   |

- A. Specify general nature of assignment during most of rating period (such as security, criminal, applicant squad, or as Resident Agent, supervisor, instructor, etc.):

Number One Man, Front Office, Crime Records Division

- B. Specify employee's most noteworthy special talents (such as investigator, desk man, research, instructor, speaker):

Administrator

- C. (1) Is employee available for general assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)  
 (2) Is employee available for special assignment wherever needs of service require? Yes (If answer is not "yes," explain in narrative comments.)
- D. 1. Has employee had an abnormal sick leave record during rating period? No 2. Has employee used more sick leave (including annual leave or LWOP for illness) during rating period than the amount of sick leave earned during such period? No (If answer to either question is "yes," explain in narrative comments.)
- E. Is employee qualified to operate a motor vehicle incidental to his official duties? ☒ Yes ☐ No  
 If answer is "yes," personnel file must reflect the following: (a) Has valid State or local operator's license for type vehicle he is to use.  
 (b) Is physically fit to drive. (c) Past safe driving record OK or has passed Bureau road test.

ADJECTIVE RATING: OUTSTANDING

Outstanding, Excellent, Satisfactory, Unsatisfactory

EMPLOYEE'S INITIALS

## NARRATIVE COMMENTS

1. PERSONAL APPEARANCE AND PERSONALITY:

Mr. Bland makes an outstanding personal appearance and an exceedingly fine impression on all people whom he meets. His personality is friendly and reflects sincerity and integrity.

2. ABILITY TO PARTICIPATE IN RAIDS AND DANGEROUS ASSIGNMENTS:

N.A.

3. LIMITATIONS ON AVAILABILITY; PHYSICAL LIMITATIONS AFFECTING PERFORMANCE; AND SICK LEAVE INFORMATION:

There are absolutely no limitations on his availability and his physical condition is outstanding.

4. TYPE OF CASES OR WORK HANDLED AND APPRAISAL OF OVER-ALL PERFORMANCE INCLUDING ABILITY TO HANDLE COMPLICATED INVESTIGATIVE MATTERS AND SUPERVISION REQUIRED:

Mr. Bland has served since August 31, 1967, as Number One Man, Front Office, Crime Records Division, after having served for many years as Section Chief, Subversive Control Section, Domestic Intelligence Division. He has demonstrated an extremely high level of intelligence, an enthusiastic and hard working approach to his work, and an outstanding ability in making favorable contacts with persons in the news media field. His judgment has been unfailing and he engenders interest and enthusiasm along with high quality performance and loyalty among his subordinates. He can handle all types of matters arising in the Crime Records Division, is an outstanding administrator and has demonstrated executive ability and complete loyalty. He has served on a number of occasions at the desk of the Inspector in Charge, on the latter's absence, and his work in this area has been outstanding.

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Initials

5. NUMBER OF INCENTIVE AWARDS AND COMMENDATIONS RECEIVED: By letter 4-27-67 Mr. Bland was advised by Director he had earned Outstanding Performance Rating for period 4-1-66 through 3-31-67 and he was given a quality within grade salary increase. By letter 8-9-67 he was commended through his superior for his efforts in connection with preparing material presented to the President's National Advisory Commission on Civil Disorders.

6. DISCIPLINARY ACTION AND JUSTIFICATION FOR ANY UNSATISFACTORY ITEMS:

(List items taken into consideration on rating guide and check list.)

N.A.

7. PARTICIPATION IN INFORMANT PROGRAMS:

N.A.

8. TESTIFYING EXPERIENCE AND ABILITY:

N.A.

9. ACCOUNTING INFORMATION:

N.A.

10. POLICE INSTRUCTION:

N.A.

11. RESIDENT AGENTS:

N.A.

\_\_\_\_\_  
Initials

12. EXPERIENCE AND ABILITY AS INSPECTOR'S AIDE:

Mr. Bland is a qualified Inspector's Aid but his services in this regard have not be utilized in this rating period.

13. FOREIGN LANGUAGE ABILITY:

N.A.

Language in which proficient \_\_\_\_\_

Completed language school ☐ Yes ☒ No

Fluent in \_\_\_\_\_ language to extent Agent can handle typical investigative problems as follows: (1) Conversation form ☐ Yes ☒ No

(2) Written form ☐ Yes ☒ No

Evaluate language proficiency in each phase as excellent, very good, good, fair or unsatisfactory

Language

Read

Write

Speak

Understand

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Frequency \_\_\_\_\_ language ability used during rating period:

Frequency of use of \_\_\_\_\_ language ability anticipated during ensuing year:

14. ADMINISTRATIVE ADVANCEMENT:

(a) Agent is interested in administrative advancement. ☒ Yes ☐ No

(b) Agent is completely available for administrative advancement. ☒ Yes ☐ No

(c) Agent is considered completely qualified at present for administrative advancement, including experience, ability, personality and appearance. ☒ Yes ☐ No

(d) If answer to (c) is "Yes," Agent's qualifications are considered  
☐ very good ☐ excellent ☒ outstanding

(e) If answer to (c) is "No," is Agent considered to have potential for future administrative advancement? (If applicable, explanatory comments required.) ☐ Yes ☐ No

\_\_\_\_\_  
Initials



**JAMES F. BLAND**  
**EOD 8-25-41**

1. Mr. Bland makes an outstanding personal appearance, is always exceedingly <sup>neat</sup> and properly attired.
2. He has a warm friendly personality which reflects complete sincerity and has demonstrated an outstanding ability to make favorable contacts in all walks of life.
3. His outstanding attitude is one of his most valuable attributes. He equitably shares the workload, has an infectious enthusiasm, is completely loyal and dependable and wholeheartedly cooperative with his associates.
4. Mr. Bland's physical condition is outstanding as demonstrated by an abundance of energy and great stamina.
5. Resourcefulness and ingenuity marks Mr. Bland's approach to all of his duties and is continually alert to devise new methods which will save manpower.
6. When the occasion arises, Mr. Bland is most forceful and aggressive, but his pleasant manner enables him to get along with all of his fellow employees.
7. He has good common sense and outstanding judgment which enables him to arrive at proper conclusions with a minimum of effort and he has demonstrated the ability to define objectives in their proper order.
8. Being completely knowledgeable of his responsibilities, he is quick to act on his own initiative and the expertness of his action is always evident.
9. He has the ability to quickly discern the solution to any problem presented to him and has demonstrated an outstanding ability in planning the correct approach to the solution of any problem.
10. Although handling an extremely large volume of work, Mr. Bland's work reflects that he overlooks no detail and his paper work is always completely accurate.
11. Mr. Bland displays outstanding industry and continually looks for additional duties which he may be able to handle. Blessed with vast energy, he applies himself fully to his assignments and is never satisfied with putting in less than a very full day's work.

12. Mr. Bland produces an unusually large amount of exceptional work at a high rate of speed. He is constantly aware of deadlines, prides himself on meeting them and insists on those working with him to do likewise.
13. His extensive and widespread experience in all facets of the Bureau's work makes him completely familiar with the Bureau's policies, procedures and regulations and he has demonstrated an expertness in applying them to his work and that of his subordinates.
14. N. A.
15. N. A.
16. Mr. Bland demonstrates outstanding ability in the use of firearms and is very interested in this field.
17. N. A.
18. Every letter, brief, memoranda and other written material prepared by Mr. Bland is concise, clear, thorough, well organized and accurate. He has demonstrated an outstanding ability in the preparation of all types of documents.
19. N. A.
20. During the rating period Mr. Bland has clearly demonstrated outstanding executive ability. He is able to supervise personnel, inspire them to higher levels of accomplishment, and by his own dedication has demonstrated the ability to inculcate loyalty and enthusiasm in his coworkers and subordinates.
21. N. A.
22. Mr. Bland has demonstrated intense interest in the Division and in the Bureau as a whole. He has made many sound constructive suggestions for the improvement of operations in the Division.
23. On many occasions during the rating period, Mr. Bland has demonstrated that he is never adversely affected by the heavy pressure under which he must perform in this Division. In fact, he thrives on such pressure and often does his best in the face of such pressure.
24. Mr. Bland's dictation is always smooth and planned and well organized and his dictation ability is regarded as outstanding.

December 27, 1968

PERSONAL

Mr. James F. Bland  
Federal Bureau of Investigation  
Washington, D. C.

Dear Bland:

It affords me great pleasure to commend you  
for your fine services in connection with the investigation  
of the Kidnaping case involving [redacted] and [redacted]  
[redacted]

b6  
b7C

You fulfilled your responsibilities in this del-  
icate matter in a very effective manner, working with tire-  
less devotion to duty. I appreciate your noteworthy efforts  
in the handling of important press releases.

Sincerely,  
J. Edgar Hoover

b6  
b7C

b6  
b7C

1 - Mr. [redacted] (Personal Attention)

1 - Miss [redacted] (Sent Direct)

RHC:blg (5) 67-200486  
Based on [redacted] - Callahan memo 12-24-68 re [redacted]  
Fugitive; [redacted] Fugitive; [redacted]  
Victim - Kidnaping.

Salutation per file.

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

MAILED 24  
DEC 27 1968  
COMM-FBI

67-200486-249  
Searched \_\_\_\_\_ Numbered \_\_\_\_\_  
10 DEC 30 1968 57

10 JAN 3

MAIL ROOM ☐ TELETYPE UNIT ☐

1/28

NOTIFICATION OF PERSONNEL ACTION  
(EMPLOYEE— See General Information on Reverse)

5 PART  
50-124-04

(FOR AGENCY USE)

1. NAME (CIPS) LAST—FIRST—MIDDLE <b>BLAND, JAMES F. (MR.)</b>		MR.—MISS—MRS.	2. (FOR AGENCY USE)	3. BIRTH DATE (Mo., Day, Year) <b>5-6-17</b>	4. SOCIAL SECURITY NO. <b>215-44-8102</b>
5. VETERAN PREFERENCE <b>1</b> 1—NO 2—5 PT. 3—10 PT. DISAB. 4—10 PT. COMP. 5—10 PT. OTHER			6. TENURE GROUP	7. SERVICE COMP. DATE	8. PHYSICAL HANDICAP CODE
9. FEGLI 1—COVERED 2—INELIGIBLE 3—WAIVED			10. RETIREMENT 1—CS 2—FICA 3—FS 4—NONE 5—OTHER		11. (FOR CSC USE)
12. CODE NATURE OF ACTION <b>PROMOTION</b>			13. EFFECTIVE DATE (Mo., Day, Year) <b>8-27-68</b>		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY <b>EXCEPTED BY LAW</b>
15. FROM: POSITION TITLE AND NUMBER <b>Supervisory Special Agent 160</b>			16. PAY PLAN AND OCCUPATION CODE <b>GS Series 1811</b>		17. (a) GRADE OR LEVEL <b>16</b> (b) STEP OR RATE <b>7</b>
					18. SALARY <b>\$27,401 pa</b>
19. NAME AND LOCATION OF EMPLOYING OFFICE					

20. TO: POSITION TITLE AND NUMBER <b>Inspector 150</b>		21. PAY PLAN AND OCCUPATION CODE <b>GS Series 1811</b>		22. (a) GRADE OR LEVEL <b>17</b> (b) STEP OR RATE <b>5</b>	23. SALARY <b>\$28,000 pa</b>
24. NAME AND LOCATION OF EMPLOYING OFFICE					

25. DUTY STATION (City—county—State) <b>S. &amp; E., FBI</b>			26. LOCATION CODE		
27. APPROPRIATION		28. POSITION OCCUPIED 1—COMPETITIVE SERVICE <b>2</b> 2—EXCEPTED SERVICE		29. APPORTIONED POSITION FROM: TO: STATE 1—PROVED-1 2—WAIVED-2	

30. REMARKS: ☐ A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING ☐ B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM: ☐ C. DURING PROBATION ☐ D. FROM APPOINTMENT OF 6 MONTHS OR LESS

SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE:

Basis for this position is Section 505(e) of the Classification Act of 1949 as amended.

**67-NOT**  
This promotion is temporary and will remain in effect only for the duration of your present assignment.

31. DATE OF APPOINTMENT AFFIDAVIT (Accessions only)		34. SIGNATURE (Or other authentication) AND TITLE <b>J. E. Hoover</b> Director	
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)		35. DATE <b>8-28-68</b>	
33. CODE <b>DJ 02</b>	EMPLOYING DEPARTMENT OR AGENCY <b>FEDERAL BUREAU OF INVESTIGATION</b> WASHINGTON, D.C. 20535		
4. PERSONNEL FOLDER COPY			

June 12, 1968

0 Bland, James F.

Mr. Thomas E. Bishop  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Bishop:

I am pleased to commend, through you, the personnel of the Crime Records Division who performed so ably in the preparation and handling of the press release concerning the location of James Earl Ray, the subject of a Civil Rights-Conspiracy case.

Through their fine efforts, the release in this important matter was expeditiously and efficiently prepared and disseminated. Please express my appreciation to them for the high quality of their services.

Sincerely yours,

1 - Mr. Bishop (Personal Attention)

Copies of this letter being placed in files of appropriate personnel. DUPLICATE MEMO

b6  
b7C

1 - Miss [ ] (Sent Direct)

LRH:jmp.

(13)

Based on memo Bishop-DeLoach 6/19/68 re [ ]

Copies prepared and attached for placing in personnel files of: (OVER)

67-NOT RECORDED  
6 JUN 20 1968

Mr. Thomas E. Bishop  
FBI, Washington, D. C.

Harold P. Leinbaugh  
Gordon E. Malmfeldt

[REDACTED]

James F. Bland

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

b6  
b7C

January 7, 1969

PERSONAL

Mr. James F. Bland  
Federal Bureau of Investigation  
Washington, D. C.

Dear Bland:

You are certainly to be commended for your exemplary performance as Vice-President of the FBIRA during the past year.

Your whole-hearted support and splendid interest contributed greatly to the success achieved in 1968. I do not want the opportunity to pass without expressing my appreciation to you.

Sincerely,  
J. Edgar Hoover

b6  
b7C

1 - Mr. Bishop (Personal Attention)

1 - Miss  (Sent Direct)

LH RHC:bjc  
EHL (5) *hjc*  
67-200486

REC-140

67-200486-250	
Searched	Numbered
10 JAN 8 1969	27

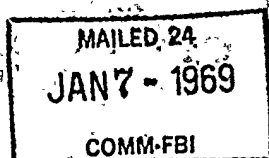
Based on memo  to  1-2-69 re FBIRA Activities, 1968.

b6  
b7C

*Red*

*John*

- Tolson \_\_\_\_\_
- DeLoach \_\_\_\_\_
- Mohr \_\_\_\_\_
- Bishop \_\_\_\_\_
- Casper \_\_\_\_\_
- Callahan \_\_\_\_\_
- Conrad \_\_\_\_\_
- Felt \_\_\_\_\_
- Gale \_\_\_\_\_
- Rosen \_\_\_\_\_
- Sullivan \_\_\_\_\_
- Tavel \_\_\_\_\_
- Trotter \_\_\_\_\_
- Tele. Room \_\_\_\_\_
- Holmes \_\_\_\_\_
- Gandy \_\_\_\_\_



JAN 10 1969

MAIL ROOM ☐ TELETYPE UNIT ☐

REPORT OF MEDICAL EXAMINATION

FBI

88-114

OMB No. 80-R157

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>BLAND, JAMES F.</b>			2. GRADE AND COMPONENT OR POSITION <b>SA</b>		3. IDENTIFICATION NO. <b>3-34-59</b>	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)			5. PURPOSE OF EXAMINATION <b>Annual</b>		6. DATE OF EXAMINATION <b>1-16-69</b>	
7. SEX <b>M</b>	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN		10. AGENCY	11. ORGANIZATION UNIT	
12. DATE OF BIRTH <b>5-6-17</b>		13. PLACE OF BIRTH <b>MO.</b>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <b>NNMC</b>				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

NOR- MAL	CLINICAL EVALUATION (Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL
	18. HEAD, FACE, NECK, AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulas) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	X
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

#33 Enlarged Thyroid (diffuse)

REC-141

67-200486-251									
Searched					Numbered				
HGB	HCT	WBC	NEUT	BAND	LYMPH	EOS	BAZO	MONOS	PLATELET
15.6	47	9.8	74		20	1	5		

(Continue in item 73)

3/11

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																	
O—Restorable teeth I—Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures (6 X 8)—Fixed bridge, brackets to include abutments																	
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	E
H																	F
T																	T

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Type II exam.  
C. II  
Caries as noted.

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY <b>1.011</b>		46. CHEST X-RAY (Place, date, film number and result) <b>6495-NO ACTIVE DISEASE</b>	
B. ALBUMIN <b>NEG.</b>	D. MICROSCOPIC <b>ESS. NEG</b>	50. OTHER TESTS	
C. SUGAR <b>NEG.</b>	48. BLOOD TYPE AND RH FACTOR <b>WNL</b>		
47. SEROLOGY (Specify test used and result) <b>NEG. 9 Feb 69</b>			



# MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 5' 9"	52. WEIGHT 165	53. COLOR HAIR Brown	54. COLOR EYES Blue	55. BUILD: (Check one) SLENDER <input type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input checked="" type="checkbox"/> OBESSE <input type="checkbox"/>	56. TEMPERATURE																																																									
57. BLOOD PRESSURE (Arm at heart level) A. SITTING: SYS. 120, DIAS. 80; B. RECUMBENT: SYS. , DIAS. ; C. STANDING (3 min.): SYS. , DIAS. ; D. AFTER EXERCISE: , E. 2 MIN. AFTER: , F. RECUMBENT 3 MIN.:				58. PULSE (Arm at heart level)																																																										
59. DISTANT VISION		60. REFRACTION		61. NEAR VISION																																																										
RIGHT 20/ 70 CORR. TO 20/ 20		BY S. CX		9/15M CORR. TO 62M BY																																																										
LEFT 20/ 70 CORR. TO 20/ 20		BY S. CX		9/14M CORR. TO 62M BY																																																										
62. HETEROPHORIA (Specify distance)																																																														
ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT	PC PD																																																								
63. ACCOMMODATION		64. COLOR VISION (Test used and result) PIP 16/16		65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED																																																								
RIGHT LEFT						CORRECTED																																																								
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)		68. RED LENS TEST		69. INTRAOCULAR TENSION																																																								
70. HEARING		71. AUDIOMETER				72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)																																																								
RIGHT WV 15 /15 SV 15 /15		<table border="1"> <tr> <td>250</td> <td>500</td> <td>1000</td> <td>2000</td> <td>3000</td> <td>4000</td> <td>6000</td> <td>8000</td> </tr> <tr> <td>256</td> <td>512</td> <td>1024</td> <td>2048</td> <td>3096</td> <td>4096</td> <td>6144</td> <td>8192</td> </tr> <tr> <td>RIGHT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LEFT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				250	500	1000	2000	3000	4000	6000	8000	256	512	1024	2048	3096	4096	6144	8192	RIGHT								LEFT								<table border="1"> <tr> <td>800</td> <td>1600</td> <td>3200</td> <td>6400</td> <td>12800</td> <td>25600</td> </tr> <tr> <td>800</td> <td>1600</td> <td>3200</td> <td>6400</td> <td>12800</td> <td>25600</td> </tr> <tr> <td>800</td> <td>1600</td> <td>3200</td> <td>6400</td> <td>12800</td> <td>25600</td> </tr> <tr> <td>800</td> <td>1600</td> <td>3200</td> <td>6400</td> <td>12800</td> <td>25600</td> </tr> </table>	800	1600	3200	6400	12800	25600	800	1600	3200	6400	12800	25600	800	1600	3200	6400	12800	25600	800	1600	3200	6400	12800	25600
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800	1600	3200	6400	12800	25600																																																									
800	1600	3200	6400	12800	25600																																																									
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY																																																														

(Use additional sheets if necessary)

## 74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

#59 Defective visual acuity corrected with lenses  
#33 Diffusely enlarged thyroid

## 75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Proctoscopy

## 77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR  
B. ☐ IS NOT QUALIFIED FOR

## 78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

## 79. TYPED OR PRINTED NAME OF PHYSICIAN

## 80. TYPED OR PRINTED NAME OF PHYSICIAN

## 81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

## 82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

76. A. PHYSICAL PROFILE						
P	U	L	H	E	S	
B. PHYSICAL CATEGORY						
A	B	C	E			

b6  
b7C

SIG

SIG

SIGNATURE

SIGNATURE

NUMBER OF ATTACHED SHEETS

EBI

CLINICAL RECORD

CONSULTATION SHEET

REQUEST		
TO	FROM (Requesting ward, unit, or activity)	DATE OF REQUEST
Proctology	Lower 18	13 Jan 69
REASON FOR REQUEST (Complaints and findings)		
Adenomatous polyps removed 1964 Has had yearly proctoscopies		

PROVISIONAL DIAGNOSIS

b6  
b7C

	APPROVED	PLACE OF CONSULTATION	<input type="checkbox"/> EMERGENCY
		<input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL	<input type="checkbox"/> ROUTINE
CONSULTATION REPORT			

Proctosigmoidoscopy to 25 cm + →  
Mucosal pattern normal  
thyphoid

b6  
b7C



24 JAN 69

(Continued on reverse side)

SIGNATURE AND TITLE	DATE	IDENTIFICATION NO.	ORGANIZATION
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.

BLAND JF  
BS-6-17M

3-34-59  
FBI

1-16-69

CONSULTATION SHEET  
Standard Form 513  
513-104-02

T-18

67-200486-251

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee  
(Type or print)

**BLAND,**  
Last

**JAMES**  
First

**E.**  
Middle

The following portions of the attached examination report form need not be completed:

2	9	62	69
3	11	65	72
4	14	67	76
8	17	68	

- 45, 46 and 47. Required for all Special Agent applicants but not for any other applicant unless the examining physician deems one, two or all three of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.
48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.
49. Is necessary unless facilities for affording same are not readily available.
71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Male Employees and Male Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☒ Yes ☐ No

If recommendation is based on a factor other than above standard, indicate basis \_\_\_\_\_

SA Bland was advised on 2/14/69 that it

will be necessary for him to wear corrective

glasses while driving a Government vehicle.

**ENCLOSURE**

Thomas E. Bishop (Signature) 2/14/69

67-25486-251

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose \_\_\_\_\_ pounds

☐ gain \_\_\_\_\_ pounds

Remarks: \_\_\_\_\_

b6  
b7C

Signature of Medical Examiner

15 Jan 69  
Date

March 13, 1969

PERSONAL

Mr. James F. Bland  
Federal Bureau of Investigation  
Washington, D. C.

Dear Bland:

For your excellent performance relative to a matter of extreme importance to the Bureau in the security field, I am pleased to commend you.

Your alertness and immediate response to this vital situation were highly instrumental in the identification of the subject. As a result, the FBI's interests were secured and I want you to know that I appreciate your fine efforts.

Sincerely,

J. Edgar Hoover

REC-150

67-200486-252	
Searched	Numbered
10	14 1969

b6  
b7C

1 - Mr. Bishop (Personal Attention)

Re: [redacted] Internal Security - Russia

1 - Miss [redacted] (Sent Direct)

b6  
b7C

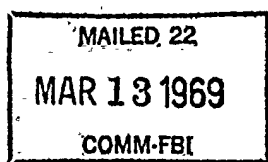
JMP  
(5)

67-200486

Based on [redacted] Sullivan memo 3/11/69 re [redacted]

[redacted] Internal Security - Russia.

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_



MAIL ROOM TELETYPE UNIT

**FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE**

**REPORT OF PERFORMANCE RATING**

Name of Employee: JAMES F. BLAND

Where Assigned: Crime Records Front Office  
(Division) (Section, Unit)

Official Position Title and Grade: Inspector - #1 Man, GS-17

Rating Period: from 4/1/68 to 3/31/69

ADJECTIVE RATING: OUTSTANDING Employee's Initials \_\_\_\_\_  
Outstanding, Excellent, Satisfactory, Unsatisfactory

Rated by: Thomas E. Bishop Assistant Director 4/1/69  
Signature Title Date

Reviewed by: Carlton L. Louch Assistant to the Director 4/1/69  
Signature Title Date

Rating Approved by: J. Edgar Hoover Director 4/1/69  
Signature Title Date

**TYPE OF REPORT**

☒ Official  
☒ Annual

☐ Administrative  
☐ 60-Day  
☐ 90-Day  
☐ Transfer  
☐ Separation from Service  
☐ Special

10 APR 21 1969

REC-131

58

67-50046-255  
SEARCHED INDEXED  
APR 16 1969  
2A

37

January 21, 1970

PERSONAL

Mr. James F. Bland  
Federal Bureau of Investigation  
Washington, D. C.

Dear Bland:

Commendation is certainly warranted for the splendid manner in which you served as President of the FBIRA during the past year.

Your untiring and resourceful efforts in directing this important program were responsible in a large degree for the successful results realized during 1969. I am appreciative of the enthusiasm and diligence you exhibited in fulfilling your duties.

Sincerely,

J. Edgar Hoover

1 - Mr. Bishop (Personal Attention)

1 - Mrs. [redacted] (Sent Direct)

JMP:mip  
(5)

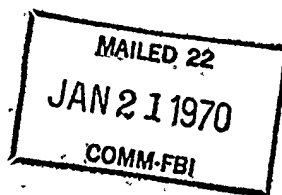
67-200486

Based on [redacted] - James F. Bland memo 1/15/70  
and addendum 1/15/70 re FBIRA Activities, 1969.

REC-150

67-200486-258
6 JAN 26 1970

Tolson \_\_\_\_\_  
DeLoach \_\_\_\_\_  
Walters \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Casper \_\_\_\_\_  
Callahan \_\_\_\_\_  
Conrad \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Tavel \_\_\_\_\_  
Trotter \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_



JAN 28 1970

MAIL ROOM ☐ TELETYPE UNIT ☐

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

REPORT OF MEDICAL EXAMINATION

FBI  
88-  
B approved May 80-R

00

DIU 8

00

1. LAST NAME—FIRST NAME—MIDDLE NAME  
**BLAND, JAMES F.**

2. GRADE AND COMPONENT OR POSITION  
**INSPECTOR**

3. IDENTIFICATION NO.  
**3-34-59**

4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)

5. PURPOSE OF EXAMINATION  
**Annual**

6. DATE OF EXAMINATION  
**1-20-70**

7. SEX  
**M**

8. RACE

9. TOTAL YEARS GOVERNMENT SERVICE  
MILITARY CIVILIAN

10. AGENCY

11. ORGANIZATION UNIT

12. DATE OF BIRTH  
**5-6-17**

13. PLACE OF BIRTH  
**MO.**

14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS  
**NNMC**

16. OTHER INFORMATION

17. RATING OR SPECIALTY

TIME IN THIS CAPACITY (Total) LAST SIX MONTHS

CLINICAL EVALUATION

NOR-MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR-MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

Small white keratotic lesion @ post. scaly -

Not adequately visualized 2° to cerumen block.

RESULTS

15.8	RGB GMS
46	HCT %
5.8	WBC $\times 10^3$
70	NEUT %
6	BAND %
24	LYMPH %
	EOS %
	BASO %
	MONO %
	PLATELET $\times 10^3$

RESULTS

REC-141

32

47

103

217

7.1

4

9.3

8

12

105

20

230

Numbered 44

5 APR 14 1970

ALB

CA+H

ALK. PHOS

BUN

GLU

SGOT

CHOL

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)

Restorable teeth								Nonrestorable teeth									
X—Missing teeth								XXX—Replaced by dentures									
(6 X 8)—Fixed bridge, brackets to include abutments																	
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	F

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Exam type 3

Class 2

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY **1.009**

B. ALBUMIN **NEG**

C. SUGAR **NEG**

47. SEROLOGY (Specify test used and result)

48. EKG **N.S. C.S**

49. BLOOD TYPE AND RH FACTOR **16-JAN-69**

50. OTHER TESTS **DERMATOLOGY**

SEE REPORT - PROCTOLOGY & ENT



Dilation: 14/10

MEASUREMENTS AND OTHER FINDINGS											
51. HEIGHT 5-9		52. WEIGHT 167		53. COLOR HAIR Brown		54. COLOR EYES Blue		55. BUILD (Check one) SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE <input type="checkbox"/>		56. TEMPERATURE	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)					
A. SITTING SYS. 128 DIAS. 92		B. RECUMBENT SYS. DIAS. 		C. STANDING (3 min.) SYS. DIAS. 		A. SITTING (60)		B. AFTER EXERCISE		C. 2 MIN. AFTER	
59. DISTANT VISION		60. REFRACTION		61. NEAR VISION							
RIGHT 20/70		CORR. TO 20/20-2		BY -1.00 sph.		CX		J2		CORR. TO BY	
LEFT 20/70		CORR. TO 20/25		BY -1.00 sph.		CX		J2		CORR. TO BY	
62. HETEROPHORIA (Specify distance)											
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT	
63. ACCOMMODATION		64. COLOR VISION (Test used and result) 9/9				65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED			
RIGHT LEFT		Farnsworth 9/9						CORRECTED			
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)				68. RED LENS TEST		69. INTRAOCULAR TENSION			
Normal 0.4								TOD 6.0 = 14.6 25 6.0 = 14.6			
70. HEARING		71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)			
RIGHT WV 13 /15 SV 15 /15		250 500 1000 2000 3000 4000 6000 8000									
LEFT WV /15 SV /15		RIGHT									
		LEFT									
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY											
1st metal robo - Procto scheduled											

April 8, 1970

Mr. Blain:

Please advise this Unit if your vision has been corrected to 20/20. Thank you.

Physical Unit-4541  
MB

73. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

ENT appt for cerumen removal -  
Procto. Desm. Clinic check scalp lesion -

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR:B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

CLINICAL RECORD

CONSULTATION SHEET

TO: *ENT* REQUEST FROM: (Requesting ward, unit, or activity) *PEB* DATE OF REQUEST *20 Jan 70*

REASON FOR REQUEST (Complaints and findings)

*Canals nearly occluded - cerumen bitals  
therefore unable to adequately visualize TM's  
Would appreciate your examination & exam -  
Thank!*

PROVISIONAL DIAGNOSIS

*Cerumen -*

b6  
b7C

DOCTOR *[Redacted]* APPROVED *[Redacted]* PLACE OF CONSULTATION ☐ BEDSIDE ☐ ON CALL ☐ EMERGENCY ☒ ROUTINE

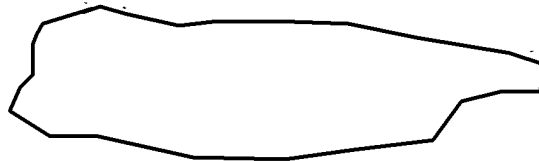
CONSULTATION REPORT

ENT CLINIC  
USNH, BETH., MD.

17 FEB 1970

b6  
b7C

*Impacted Cerumen removed  
Canals TM WNL.*



(Continued on reverse side)

SIGNATURE AND TITLE DATE IDENTIFICATION NO. ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade, room, hospital or medical facility)  
*ELAND JP*  
B5-6-17 FBI

REGISTER NO. *PEB* WARD NO. *209*

LIMITED AUTHORIZATION

CONSULTATION SHEET  
Standard Form 513  
513-104-02

PHY-BAANS  
ROOM-209

*67-280486-257*

1 20 70

CLINICAL RECORD

CONSULTATION SHEET

TO: *Dermatology* REQUEST FROM: (Requesting word, unit, or activity) *67B* DATE OF REQUEST *30 Jan 70*

REASON FOR REQUEST (Complaints and findings)

*Pt. somewhat concerned re hard white hair-bearing lesion @ posterior scalp - Would appreciate your check -*

*Thanks.*

PROVISIONAL DIAGNOSIS

*Benign keratosis -*

b6  
b7C

DOCTOR'S NAME

APPROVED

PLACE OF CONSULTATION

☐ BEDSIDE

☐ ON CALL

☐ EMERGENCY

☒ ROUTINE

CONSULTATION REPORT

DERMATOLOGY CLINIC  
USNH, BETH., MD.

13 FEB 1970

SOLITARY NODULE ON THE POSTERIOR SCALP WHICH THE PATIENT SCRATCHES WHENEVER HE IS UNDER TENSION. THIS IS CALLED A "PICKER'S NODULE" AND IS OF NO SERIOUS CONSEQUENCE OTHER THAN THE CHRONIC IRRITATION FROM SCRATCHING.

IT IS RECOMMENDED THAT HE APPLY A TOPICAL STEROID CREAM CORDRAN 0.05% TID TO THE INVOLVED AREA AND TO SCRATCHING.

b6  
b7C

LCDR MC USN

(Continued on reverse side)

SIGNATURE AND TITLE *BLAND JR* DATE *2-24-59* IDENTIFICATION NO. ORGANIZATION  
PATIENT IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade, date; hospital or medical facility)

REGISTER NO.

*FBI PE RM 209*

LIMITED AUTHORIZATION

CONSULTATION SHEET  
Standard Form 513  
513-104-02

*2/24*  
EXH-EXAMS  
BOOK-209

1 20 70

ENCLOSURE  
67-300486-25

CLINICAL RECORD

CONSULTATION SHEET

REQUEST		
TO: <i>PROCTOLOGY</i>	FROM: (Requesting ward, unit, or activity)	DATE OF REQUEST

REASON FOR REQUEST (Complaints and findings)

*He rectal polyp - 1964  
ANNUAL*

*Please check -*

*Thanks -*

PROVISIONAL DIAGNOSIS

*Routine -*

DOCTOR'S SIGNATURE <i>[Signature]</i>	APPROVED	PLACE OF CONSULTATION <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL	<input type="checkbox"/> EMERGENCY <input checked="" type="checkbox"/> ROUTINE
--	----------	--	---

CONSULTATION REPORT

SURGICAL PROCTOLOGY  
CLINIC U.S.N.H.  
BETHESDA, MARYLAND

13 FEB 1970

*Benign polyp removed at  
6 cm 1964*

*Asymptomatic since - normal  
exams*

*Exam today to 25 cm - normal*

b6  
b7C

*PTZ*

*1 year not  
physician*

(Continued on reverse side)

DATE <i>13-FEB-70</i>	IDENTIFICATION NO.	ORGANIZATION
REGISTER NO. <i>FBI</i>	WARD NO. <i>PM 209</i>	

Typed or written entries give: Name—last, first;  
middle; grade; date; hospital or medical facility)

*BS-6*

*FBI*

LIMITED AUTHORIZATION

CONSULTATION SHEET  
Standard Form 513 -  
513-104-02

*PHY-EXAMS  
BOON-228*

*1 20 70*

*67-200486-259*

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee BLAND, JAMES F.  
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

2	9	62	69
3	11	65	72
4	14	67	76
8	17	68	

46. Is necessary unless facilities for affording same are not readily available.

48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.

49. Is necessary unless facilities for affording same are not readily available.

71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Male Employees and Male Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☒ Yes ☐ No  
If recommendation is based on a factor other than above standard, indicate basis \_\_\_\_\_

SA Bland was advised on 4-8-70 that it  
will be necessary for him to wear corrective  
glasses while driving a Government vehicle.

Thomas E. Bishop (Signature)

167 200 486-0

(15-72010)

27

Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose \_\_\_\_\_ pounds  
☐ gain \_\_\_\_\_ pounds

Remarks: \_\_\_\_\_

b6  
b7C

\_\_\_\_\_  
or Medical Examiner

30 Jan 70  
\_\_\_\_\_  
Date

**FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE**

**REPORT OF PERFORMANCE RATING**

Name of Employee: JAMES F. BLAND

Where Assigned: Crime Records Front Office  
(Division) (Section, Unit)

Official Position Title and Grade: Inspector - No. 1 Man, GS-17

Rating Period: from 4/1/69 to 3/31/70

ADJECTIVE RATING: OUTSTANDING Employee's Initials \_\_\_\_\_  
Outstanding, Excellent, Satisfactory, Unsatisfactory

Rated by: Thomas E. Bishop Assistant Director 4/1/70  
Signature Title Date

Reviewed by: Carlo L. Hood Assistant to the Director 4/1/70  
Signature Title Date

Rating Approved by: J. E. Hoover Director 4/3/70  
Signature Title Date

REC-138

TYPE OF REPORT

1 1970

☒ Official  
☒ Annual

☐ Administrative  
☐ 60-Day  
☐ 90-Day  
☐ Transfer  
☐ Separation from Service  
☐ Special

10 APR 28 1970  
70

Dis 8

88-116



1420

MEASUREMENTS AND OTHER FINDINGS										
51. HEIGHT 5'9"	52. WEIGHT 166	53. COMB. HAIR BROWN	54. COLOR EYES BLUE	55. BUILD: <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	56. TEMPERATURE					
57. BLOOD PRESSURE (Arm at heart level)				58. PULSE (Arm at heart level)						
A. SITTING SYS. 120 DIA. 80	B. RECUMBENT SYS. DIA.	C. STANDING (3 min.) SYS. DIA.	A. SITTING 60		B. AFTER EXERCISE		C. 2 MIN. AFTER		D. RECUMBENT	E. AFTER STANDING 3 MIN.
59. DISTANT VISION			60. REFRACTION			61. NEAR VISION				
RIGHT 20/40 CORR. TO 20/20			BY -1.00 sph			CX		5		CORR. TO BY
LEFT 20/70 CORR. TO 20/20			BY -1.00 sph			CX		5		CORR. TO BY
62. HETEROPHORIA (Specify distance)										
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT
PC		PD								
63. ACCOMMODATION			64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED	
RIGHT LEFT			FAIRSWORTH 9/9						CORRECTED	
66. FIELD OF VISION			67. NIGHT VISION (Test used and score)				68. RED LENS TEST		69. INTRAOCULAR TENSION	
Normal O.V.									0.20.6 mmHg 5.56m	
70. HEARING			71. AUDIOMETER						72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)	
RIGHT WV /15 SV /15			250 256 500 512 1000 1024 2000 2048 3000 3096 4000 4096 6000 6144 8000 8192							
LEFT WV 15 /15 SV 15 /15			RIGHT LEFT							

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

Allergic to sulfa drugs.

Hemorrhoidectomy and repair of rectal prolapse - 1938.

L3 disc removed (herniated) in 1960 - no sequelae.

Benign rectal polyp removed in 1964.

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

(247) Mandibular Tumor - Noted

#33 - diffusely enlarged thyroid gland, NCD

#73 - as above

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Procto. Clinic.

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

B. PHYSICAL CATEGORY

A	B	C	E

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR

B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN

LT, MC, USNR

80. TYPED OR PRINTED NAME OF REVIEWER OR PHYSICIAN (Indicate which)

DC, USN

81. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

82. NUMBER OF ATTACHED SHEETS

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO: PROCTO

PHYSICAL EXAM ROOM

DATE OF REQUEST

REASON FOR REQUEST (Complaints and findings)

ANNUAL - CHECK

b6  
b7C

PH of benign polyps removed - 1964

PROVISIONAL DIAGNOSIS

as above

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

☐ BEDSIDE

☐ ON CALL

☐ EMERGENCY

☒ ROUTINE

CONSULTATION REPORT

9 FEB 1971

SU. PROCTOLOGY  
CLINIC U.S.N.H.  
BETHESDA, MARYLAND

Annual check-up.

Only complaint -  
itching anal  
anal.

Exam - to 25 cm  
no pathology

Rec - 1.) Clean anal area  
2.) Baby powder  
3.) Cotton sponge  
4.) Zinc oxide

b6  
b7C

b6  
b7C

(Continued on reverse side)

SIG

DATE

IDENTIFICATION NO.

LOCATION

PATIENT'S IDENTIFICATION

(If gives Name - last, first,  
initial or medical facility)

REGISTER NO.

NO.

BLAND JF  
EC MAY 17H

PHYSICIAN EXAM ONLY

CONSULTATION SHEET  
Standard Form 513  
513-104-02

PHYSICIAN  
ROOM-209

2 10 71

67-200415-21

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee  
(Type or print)

**BLAND, JAMES F.**  
Last First Middle

The following portions of the attached examination report form need not be completed:

3	9	62	69
4	11	65	72
8	14	67	76
	17	68	

45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.

48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.

71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Male Employees and Male Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No  
If recommendation is based on a factor other than above standard, indicate basis \_\_\_\_\_

67-200486 267

### Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
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5'10"	140 - 150	146 - 161	155 - 175
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6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose \_\_\_\_\_ pounds

☐ gain \_\_\_\_\_ pounds

Remarks: NONE

b6  
b7C

Signature of Medical Exam.

Date

**FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE**

**REPORT OF PERFORMANCE RATING**

Name of Employee: JAMES F. BLAND

Where Assigned: Crime Records Front Office  
(Division) (Section, Unit)

Official Position Title and Grade: Inspector - No. 1 Man, GS-17

Rating Period: from 4/1/70 to 3/31/71

ADJECTIVE RATING: OUTSTANDING Employee's Initials \_\_\_\_\_  
Outstanding, Excellent, Satisfactory, Unsatisfactory

Rated by: Thomas E. Bishop Assistant Director 4/1/71  
Signature Title Date

Reviewed by: J. P. MOHR Assistant to 4/1/71  
Signature Title Date

Rating Approved by: J. E. Hoover Director 4/5/71  
Signature Title Date

TYPE OF REPORT

☒ Official  
☒ Annual

☐ Administrative

9 APR 12 1971  
☐ 60-Day  
☐ 90-Day

REC-146

☐ Transfer

☐ Separation from Service

☐ Special

1 APR 23 1971

April 1, 1971

JAMES F. BLAND  
Inspector - GS-17  
\$36,000  
Number One Man  
Front Office  
Crime Records Division

Mr. Bland has continued to serve during the rating period as Number One Man in the Crime Records Division. In carrying out his functions, Mr. Bland has performed during the rating period in an outstanding manner. He is completely loyal, industrious, dedicated, and has an outstanding knowledge of Bureau rules, regulations and procedures. He is meticulous in his handling of paper work, assumes responsibility very easily, and operates with a very bare minimum of supervision. The enthusiastic and completely dedicated manner in which he performs his duties are inspirational to his co-workers and people under his supervision.

Mr. Bland has functioned on the desk of the Assistant Director in the absence of the latter during the rating period and has proven that he is completely capable of handling these functions. He is meticulous in his reviewing of correspondence, has the knack of securing adherence to deadlines, and in his dealings with the news media and the public, including persons on Capitol Hill, he has proven that he can make favorable contacts with them. In his assignment, Mr. Bland is subjected to a great deal of pressure, and his work requires that he make many instant decisions, often during the course of a telephone conversation; he has handled these assignments with coolness, dispatch and outstanding judgment.

He has no physical disabilities limiting his performance, he is available for any type of assignment, and he is considered to be a distinct asset to the Division who is worthy of the rating of Outstanding.

REC-137  
H

April 20, 1971

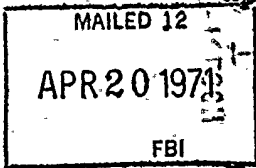
PERSONAL

Mr. James F. Bland  
Federal Bureau of Investigation  
Washington, D. C.

Dear Bland:

I am very pleased to advise that you have merited an Outstanding performance rating in recognition of your valuable services for the period April 1, 1970, to March 31, 1971. There is enclosed a rating, which you may retain.

Also, I have approved an incentive award for you in the amount of \$450.00 as the result of the splendid fashion in which you have performed your responsibilities during the past year. A check which represents this award is enclosed. I want you to know that your dedicated and highly skillful efforts are most appreciated.



Sincerely,

J. Edgar Hoover

Enclosures (2)

1 - Mr. Bishop (Personal Attention) Enclosure

You should personally present this award and should this not be possible or should presentation be unreasonably delayed by your absence official acting for you should present it. Inform employee net amount of check represents this award less withholding tax.

1 - Mrs. [redacted] (Sent Direct)

JAB:sma (5) 67-200486 Award #1645-71  
Based on Mohr-Tolson memo dated 4/14/71, LDH:ndl.

Salutation per file.

Tolson \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Brennan, C.D. \_\_\_\_\_  
Callahan \_\_\_\_\_  
Casper \_\_\_\_\_  
Conrad \_\_\_\_\_  
Dalbey \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Tavel \_\_\_\_\_  
Walters \_\_\_\_\_  
Soyars \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

APR 28 1971  
FBI

REC'D - REVENUE ROOM

MAIL ROOM

TELETYPE UNIT

*[Handwritten signatures and initials]*  
2666  
2/54

UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. Tolson

DATE: 4/14/71

b6  
b7C

FROM : Mr. Mohr

SUBJECT: JAMES F. BLAND  
Number One Man - Inspector  
Crime Records Division  
OUTSTANDING ANNUAL PERFORMANCE RATING

Tolson \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Brennan, C. \_\_\_\_\_  
Callahan \_\_\_\_\_  
Casper \_\_\_\_\_  
Conrad \_\_\_\_\_  
Dalbey \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Tavel \_\_\_\_\_  
Walters \_\_\_\_\_  
Soyars \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

There is attached for approval the annual performance report for Mr. Bland in which his services have been rated Outstanding for the period April 1, 1970, to March 31, 1971. I have signed this rating as the Reviewing Official.

In the event you approve this rating, it is respectfully requested that the Director sign the original as the Approving Official. After approval of the rating, Mr. Bland will be furnished a copy of his rating. He will also be entitled to a cash incentive award under the provisions of the Incentive Award Plan. Mr. Bland will be entitled to an award in the amount of \$450 as in the past.

## RECOMMENDATION:

REC-137

67-200 486 -266  
Searched \_\_\_\_\_ Numbered \_\_\_\_\_  
APR 21 1971

That the Director, as Approving Official, sign the attached Outstanding performance rating for Mr. Bland and that he be furnished a copy of his rating and afforded an incentive award of \$450.

*MAH*  
*mod*  
*aw*  
*4/14*

*mm*

ENCLOSURE  
HANDLED SEPARATELY

Enclosure  
LDH:ndl  
(2)

*ma*

*Letter prepared*  
*4-20-71*  
*JB*

*37th*



7  
REC-144

August 25, 1971

PERSONAL

Mr. James F. Bland  
Federal Bureau of Investigation  
Washington, D. C.

Dear Bland:

This date marks your Thirtieth Anniversary with the Federal Bureau of Investigation and it is a pleasure to present your Thirty-Year Service Award Key in recognition of your years of devoted service.

On this occasion it is gratifying to note the fine manner in which you have performed your duties. Through your efforts and those of your associates we have achieved our present position in the law enforcement field. The progress of our organization will be assured through the continued interest, enthusiasm and cooperation which have been so typical of the personnel of the Bureau.

I hope that this Key will, in days to come, recall many pleasant memories of your association with the Bureau.

With best wishes and kindest personal regards,

Sincerely,

J. EDGAR HOOVER

Enclosure

1 - Mr. Bishop (Personal Attention)

LDH:lgg  
(4) 67-200486

Based on memo Callahan-Mohr on 6-4-71, LDH:lgg.

SEP 1 1971  
MAIL ROOM TELETYPE UNIT

Tolson \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Bronnan, C.D. \_\_\_\_\_  
Callahan \_\_\_\_\_  
Casper \_\_\_\_\_  
Conrad \_\_\_\_\_  
Dalbey \_\_\_\_\_  
Felt \_\_\_\_\_  
Gale \_\_\_\_\_  
Rosen \_\_\_\_\_  
Tavel \_\_\_\_\_  
Walters \_\_\_\_\_  
Soyars \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

Mr. Beaver

b6  
b7C

270

SENT FROM D. O.	
TIME	10:00 AM
DATE	8-25-71
BY	By Director

UNITED STATES GOVERNMENT

# Memorandum

TO : Mr. Callahan

DATE: 8-24-71

FROM : H. N. Bassett *HNB/p88*

SUBJECT: SA JAMES F. BLAND  
Inspector and #1 Man  
Crime Records Division  
EOD 8-25-41; GS-17, \$36,000  
Age 54, Married, 4 Children

Tolson \_\_\_\_\_  
Felt \_\_\_\_\_  
Sullivan \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Brennan, C.D. \_\_\_\_\_  
Callahan \_\_\_\_\_  
Casper \_\_\_\_\_  
Conrad \_\_\_\_\_  
Dalbey \_\_\_\_\_  
Gale \_\_\_\_\_  
Ponder \_\_\_\_\_  
Rosen \_\_\_\_\_  
Tavel \_\_\_\_\_  
Walters \_\_\_\_\_  
Soyars \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

Mr. Bland celebrates his 30th Anniversary of continuous Bureau service on August 25, 1971. The following is a summary of his record for the Director's use.

He entered on duty as an Agent on 8-25-41, and had field assignment to Newark, New York, and St. Louis prior to transferring to the Seat of Government where he reported to the Domestic Intelligence Division on 10-30-50. He served as Supervisor on Communist Front matters, as Supervisor-in-Charge of that desk and on 4-7-53, was designated #1 Man of the Internal Security Section. While in that capacity, on 8-23-55, he was designated Section Chief of the Subversive Control Section, Domestic Intelligence Division. He held that position twelve years. On 8-31-67, he reported to the Crime Records Division as #1 Man. Shortly thereafter, on 9-5-67, the Director saw him and stated he made an excellent personal appearance, seemed to be intensely interested in his new assignment and rated him above average. On 8-27-68, he was promoted to Grade GS-17 as an Inspector. His current salary is \$36,000 per annum. He is the Inspector and #1 Man to Assistant Director Bishop, Crime Records Division. REC-140

Since his last meeting with the Director, 9-5-68, *dated 9-5-68* Mr. Bland has been COMMENDED on 4 occasions, the most recent 1-21-70, for his services as President of the FBIRA during the 1971 past year. He has been CENSURED once 11-29-68, inasmuch as he approved an individual to handle tours who was not suitable for such assignment. He has been rated OUTSTANDING on his 1968, 1969, 1970, and 1971 annual performance reports. Following his 1968 report he received an INCENTIVE AWARD of \$450 which recognized his services during the past year. Following his 1971 report he received an INCENTIVE AWARD of \$450 for the splendid fashion in which he had performed his responsibilities during the past year. *67-200486-270*

He received his 25-YEAR SERVICE AWARD KEY by letter dated 8-25-66. On 8-23-68, 8-25-69, and 8-25-70, the Director sent Congratulatory letters on Mr. Bland's 27th, 28th, and 29th Anniversaries in the FBI. He is, in his office of preference, the Seat of Government. *3*

ENCLOSURES - 2 (Photograph & Cover Page of Permanent Brief)

LLD:mak (2)

(OVER)

Memo H. N. Bassett to Mr. Callahan

RE: SA JAMES F. BLAND  
Inspector and #1 Man  
Crime Records Division

DURING THE LAST INSPECTION OF THE CRIME RECORDS DIVISION JULY 6-21, 1970, Assistant Director W. M. Felt stated he made an excellent appearance, was mature, had a friendly, effective personality and was an aggressive administrator. He had demonstrated ability to effectively deal with the news media. Recommended Mr. Bland be continued in his present position. The various functions of the Division were rated as follows:

PHYSICAL CONDITION AND MAINTENANCE...	VERY GOOD
SPECIFIC DIVISION OPERATIONS.....	FAIR
ADMINISTRATIVE OPERATIONS.....	VERY GOOD
PERSONNEL MATTERS.....	VERY GOOD
CONTACTS.....	EXCELLENT

Specific Division Operations was rated "FAIR" in view of year-end accomplishments press release issued 7-14-70, which contained a statement that could be construed as partisan political position on the part of the Director.

On 3-2-71, Mr. Bland sent a letter to Senator George McGovern strongly protesting his remarks criticizing the administration of the FBI, reportedly based on an anonymous letter from ten Agents of the FBI. By letter 3-4-71, the Director told Mr. Bland his letter was certainly a strong denunciation of the Senator's critical remarks and he was grateful for his loyalty and support. In a letter dated 4-21-71, thanking the Director for the Outstanding Rating 3-31-71 and Incentive Award he received on 4-20-71, Mr. Bland again affirmed that he was with the Director 100 percent. By letter 4-22-71, the Director thanked him for his support.

*mmw*  
*aw*

REPORT OF MEDICAL EXAMINATION

FBI

DIU 8

1. NAME - FIRST NAME - MIDDLE NAME - LAST NAME  
**BLAND James F.**

2. GRADE AND COMPONENT OR POSITION  
**INSPECTOR**

3. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)

4. PURPOSE OF EXAMINATION  
**ANNUAL**

5. DATE OF EXAMINATION  
**2-3-72**

6. SEX  
**M**

7. RACE

8. TOTAL YEARS GOVERNMENT SERVICE  
MILITARY CIVILIAN

9. AGENCY

10. ORGANIZATION UNIT

11. DATE OF BIRTH  
**5-6-17**

12. PLACE OF BIRTH  
**MO**

13. EXAMINING FACILITY OR EXAMINER, AND ADDRESS  
**NNM**

14. OTHER INFORMATION

15. RATING OR SPECIALTY

16. TIME IN THIS CAPACITY (Total) LAST SIX MONTHS

CLINICAL EVALUATION

(Check each item in appropriate column; enter "NE" if not evaluated)

ABNORMAL

18. HEAD, FACE, NECK AND SCALP

19. NOSE

20. SINUSES

21. MOUTH AND THROAT

22. EARS-GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)

23. DRUMS (Perforation)

24. EYES-GENERAL (Visual acuity and refraction under items 59, 60 and 67)

25. OPHTHALMOSCOPIC

26. PUPILS (Equality and reaction)

27. OCULAR MOTILITY (Associated parallel movements, nystagmus)

28. LUNGS AND CHEST (Include breasts)

29. HEART (Thrust, size, rhythm, sounds)

30. VASCULAR SYSTEM (Varicosities, etc.)

31. ABDOMEN AND VISCERA (Include hernia)

32. ANUS AND RECTUM (Hemorrhoids, fistulas) (Prostate, if indicated)

33. ENDOCRINE SYSTEM

34. G-U SYSTEM

35. UPPER EXTREMITIES (Strength, range of motion)

36. FEET

37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)

38. SPINE, OTHER MUSCULOSKELETAL

39. IDENTIFYING BODY MARKS, SCARS, TATTOOS

40. SKIN, LYMPHATICS

41. NEUROLOGIC (Equilibrium tests under item 72)

42. PSYCHIATRIC (Specify any personality deviation)

43. PELVIC (Females only) (Check how done)  
☐ VAGINAL ☐ RECTAL

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

RESULTS

16.6	HGB GMS
50	HCT %
5.4	WBC $\times 10^3$
	NEUT %
	BAND %
	LYMPH %
	EOS %
	BASO %
	MONOS %
	PLATELET $\times 10^3$

67-2004862-271  
31-51p exusion rectal ppp

2-2 MAR 3 1972 72  
ENC-145

39-LS 271 RLCQ  
39-LS low lumbar area  
of back

ENCLOSURE

(Continue in item 73)

RESULTS

10.3	CA++
0.4	INOR.PHC
0.2	BUN
0.2	URIC ACI.
22.6	CHOL.
0.2	T.P.
6.6	ALB
0.4	T.BILI.
0.4	ALK. PHOS
168	LDH
0.1	SGOT

3/1/72 01.0 custom

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

Restorable teeth

Non-restorable teeth

Missing teeth

Replaced by dentures

Fixed Partial dentures

R 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

T 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Exam-type III

Class II

NCU

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY **1.013**

B. ALBUMIN **NEG**

C. SUGAR **NEG**

46. CHEST X-RAY (Place, date, film number and result)  
**215-44-8102**  
**02944-X - NORMAL**

47. SEROLOGY (Specify test used and result)  
**NEG**

48. EKG **WNL**

49. BLOOD TYPE AND RH FACTOR

50. OTHER TESTS  
**See Report - PROCTO-CLINIC**

3 MAR 7 1972 60 98

# 98 MAR 9 1972

## MEASUREMENTS AND OTHER FINDINGS

Silated @ 1300

51. HEIGHT 69 1/2	52. WEIGHT 167	53. COLOR HAIR Brown	54. COLOR EYES Blue	55. BUILD: <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	56. TEMPERATURE
57. BLOOD PRESSURE (Arm at heart level)			58. PULSE (Arm at heart level)		
A. SITTING SYS. 122 DIAS. 74	B. RECUMBENT SYS. DIAS.	C. STANDING (3 min.) SYS. DIAS.	A. SITTING 76	B. AFTER EXERCISE	C. 2 MIN. AFTER
59. DISTANT VISION			60. REFRACTION		
RIGHT 20/ 40	CORR. TO 20/ 20	BY S.	CX	61. NEAR VISION	
LEFT 20/ 40	CORR. TO 20/ 20	BY S.	CX	CORR. TO 20/ 20	
62. HETEROPHORIA (Specify distance)					
ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT
63. ACCOMMODATION		64. COLOR VISION (Test used and result)		65. DEPTH PERCEPTION (Test used and score)	
RIGHT	LEFT	N/A		UNCORRECTED	
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)		CORRECTED	
68. RED LENS TEST		69. INTRAOCULAR TENSION		OS - 17.3	
70. HEARING		71. AUDIOMETER			
RIGHT WV	/15 SV	/15	250	500	1000
LEFT WV	/15 SV	/15	2000	3000	4000
72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)		8000			
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY					

200 102

(Use additional sheets if necessary)

## 74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

39 - S/P appendectomy  
 39 - S/P lumbar laminectomy  
 31 - S/P rectal polypectomy

## 75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Procto - for annual sigmoidoscopy

## 77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR  
 B. ☐ IS NOT QUALIFIED FOR

b6

b7C

## 76. A. PHYSICAL PROFILE

P	U	L	H	E	S

## B. PHYSICAL CATEGORY

b6

b7C

## 78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

## 79. TYPED OR PRINTED NAME OF PHYSICIAN

LT MCLIS

## SIGNATURE

## 80. TYPED OR PRINTED NAME OF PHYSICIAN

## SIGNATURE

## 81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

CDR DC

## SIGNATURE

NUMBER OF ATTACHED SHEETS

FBI

F.B.I. T-12  
Please return file + consult to PE. RM.

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO:

Proctology

FROM: (Requesting ward, unit, or activity)

PE room

DATE OF REQUEST

2/3/77

REASON FOR REQUEST (Complaints and findings)

54 y.o. W.M. FBI special agent 8 yrs S/P  
removal of benign rectal polyps & at NOME.  
Request annual sigmoidoscopy

PROVISIONAL DIAGNOSIS

S/P benign rectal polyps

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

☐ BEDSIDE

☒ ON CALL

☐ EMERGENCY

☒ ROUTINE

CONSULTATION REPORT

Procto to 25 cm  
entirely WNL

b6  
b7C

(Continued on reverse side)

SIG

DATE

IDENTIFICATION NO.

ORGANIZATION

PATIENT

(For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

F.B.I.

WARD NO.

T-12 PE. RM

CONSULTATION SHEET  
Standard Form 513  
513-104-02

BLAND, JAMES F.  
SA. - F.B.I.  
3-34-59

67-200486-271  
~~67-200486-511~~  
ENCLOSURE

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner.**

Name of Examinee BLAND, JAMES F.  
(Type or print) Last First Middle

The following portions of the attached examination report form need not be completed:

3	9	62	69
4	11	65	72
8	14	67	76
	17	68	

45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.

48. Not required unless examinee is over 35 years of age or examination indicates such is desirable.

71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Male Employees and Male Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

2. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

3. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☐ Yes ☒ No

If recommendation is based on a factor other than above standard, indicate basis \_\_\_\_\_

67-200486-7167-652128-54

**ENCLOSURE**

### Desirable Weight Ranges for Males

Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 125	123 - 135	131 - 148
5'5"	120 - 129	126 - 139	134 - 152
5'6"	124 - 133	130 - 143	138 - 157
5'7"	128 - 137	134 - 148	143 - 162
5'8"	132 - 141	138 - 152	147 - 166
5'9"	136 - 146	142 - 156	151 - 170
5'10"	140 - 150	146 - 161	155 - 175
5'11"	144 - 154	150 - 166	160 - 180
6'	148 - 158	154 - 171	164 - 185
6'1"	152 - 163	158 - 176	169 - 190
6'2"	156 - 167	163 - 181	174 - 195
6'3"	160 - 171	168 - 186	178 - 200
6'4"	169 - 180	178 - 196	188 - 210
6'5"	174 - 185	182 - 202	192 - 216

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose \_\_\_\_\_ pounds  
☐ gain \_\_\_\_\_ pounds

Remarks: \_\_\_\_\_

b6  
b7C

 CT. MC  
 Signature of Medical Examiner

2/3/72  
 Date



FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

REPORT OF PERFORMANCE RATING

Name of Employee: JAMES F. BLAND

Where Assigned: Crime Records Front Office  
(Division) (Section, Unit)

Official Position Title and Grade: Inspector - No. 1 Man, GS-17

Rating Period: from 4/1/71 to 3/31/72

ADJECTIVE RATING: OUTSTANDING Employee's Initials \_\_\_\_\_  
Outstanding, Excellent, Satisfactory, Unsatisfactory

Rated by: Thomas E. Bishop Assistant Director 4/3/72  
Signature Title Date

Reviewed by: W. Mark Hall Deputy Associate Director 4/3/72  
Signature Title Date

Rating Approved by: J. Edgar Hoover Director 4/3/72  
Signature Title Date

TYPE OF REPORT

☒ Official  
☒ Annual

☐ Administrative  
☐ 60-Day  
☐ 90-Day  
☐ Transfer  
☐ Separation from Service  
☐ Special

REC-133

200486-272  
3 APR 6 1972

1 APR 12 1972

THREE

April 3, 1972

JAMES F. BLAND  
Inspector - GS-17  
\$36,000  
Number One Man  
Front Office  
Crime Records Division

During the rating period, Mr. Bland has continued to serve as No. 1 Man in the Crime Records Division. During this period Mr. Bland has performed his functions in an outstanding manner. His loyalty to the Bureau is unquestioned, he is extremely industrious, dedicated and has an outstanding knowledge of Bureau rules, regulations and procedures. He is meticulous in the handling of paperwork, operates with a very bare minimum of supervision, and accepts responsibility easily. He has the knack of inspiring his co-workers and people under his supervision, which he does through the enthusiastic and dedicated manner in which he performs his own responsibilities.

In the absence of the Assistant Director, Mr. Bland has functioned on the desk of the latter during the rating period and has proven to be completely capable of handling these duties. He secures adherence to deadlines, is meticulous in his review of correspondence, and has proven that he can make favorable contacts with the news media, the public and persons on Capitol Hill. While Mr. Bland's assignment requires that he be subjected to a great deal of pressure, as well as the making of instantaneous decisions, he has performed his assignment with coolness, dispatch and outstanding judgment. He has no physical disabilities limiting his performance and he is available for any type of assignment.

He is considered to be a distinct asset to the Division and he is worthy of the rating of "Outstanding."

April 5, 1972

PERSONAL

Mr. James F. Bland  
Federal Bureau of Investigation  
Washington, D. C.

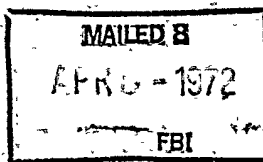
Dear Bland:

I am taking this occasion to advise that you have been afforded an Outstanding performance rating covering your services for the period April 1, 1971, to March 31, 1972. A copy of this rating, which you may retain, is enclosed.

It is also a pleasure to advise that in recognition of your continued superior performance I have approved an incentive award for you in the amount of \$450.00 and a check representing this award is enclosed. Your loyalty and devotion to the work of the Bureau have been exceptional and I am deeply appreciative.

Sincerely,

J. Edgar Hoover



REC-133 67-200486-294

5 APR 6 1972

b6  
b7C

Enclosures (2)

1 - Mr. Bishop (Personal Attention) Enclosure

You should personally present this award and should this not be possible or should presentation be unreasonably delayed by your absence official acting for you should present it. Inform employee net amount of check represents this award less withholding tax.

1 - Mrs. [redacted] (Sent Direct)

JMP:tjr (5) 67-200486 Award #1060-72

Based on memo J. P. Mohr - Tolson 4-3-72. LDH:amh.

Salutation per file.

Tolson \_\_\_\_\_  
Felt \_\_\_\_\_  
Campbell \_\_\_\_\_  
Rosen \_\_\_\_\_  
Mohr \_\_\_\_\_  
Bishop \_\_\_\_\_  
Miller, E.S. \_\_\_\_\_  
Callahan \_\_\_\_\_  
Casper \_\_\_\_\_  
Conrad \_\_\_\_\_  
Dalbey \_\_\_\_\_  
Cleveland \_\_\_\_\_  
Ponder \_\_\_\_\_  
Bates \_\_\_\_\_  
Waikart \_\_\_\_\_  
Walters \_\_\_\_\_  
Soyars \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Holmes \_\_\_\_\_  
Gandy \_\_\_\_\_

MAIL ROOM ☐

TELETYPE UNIT ☐

APR 12 1972

REPORT OF MEDICAL EXAMINATION

FBI

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>BLAND JAMES F.</b>			2. GRADE AND COMPONENT OR POSITION <b>INSPECTOR</b>		3. IDENTIFICATION NO. <b>215-448102</b>	
4. HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code)			5. PURPOSE OF EXAMINATION <b>ANNUAL</b>		6. DATE OF EXAMINATION <b>1-17-73</b>	
7. SEX <b>M</b>	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____		10. AGENCY	11. ORGANIZATION UNIT	
12. DATE OF BIRTH <b>5-6-17</b>		13. PLACE OF BIRTH <b>MO.</b>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <b>N.N.M.C.</b>				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION	
NOR- MAL	ABNOR- MAL
(Check each item in appropriate column; enter "NE" if not evaluated)	
18. HEAD, FACE, NECK, AND SCALP	
19. NOSE	
20. SINUSES	
21. MOUTH AND THROAT	
22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
23. DRUMS (Perforation)	
24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
25. OPHTHALMOSCOPIC	
26. PUPILS (Equality and reaction)	
27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
28. LUNGS AND CHEST (Include breasts)	
29. HEART (Thrust, size, rhythm, sounds)	
30. VASCULAR SYSTEM (Varicosities, etc.)	
31. ABDOMEN AND VISCERA (Include hernia)	
32. ANUS AND RECTUM (Hemorrhoids, fistulas) (Prostate, if indicated)	
33. ENDOCRINE SYSTEM	
34. G-U SYSTEM	
35. UPPER EXTREMITIES (Strength, range of motion)	
36. FEET	
37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
38. SPINE, OTHER MUSCULOSKELETAL	
39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
40. SKIN, LYMPHATICS	
41. NEUROLOGIC (Equilibrium tests under item 72)	
42. PSYCHIATRIC (Specify any personality deviation)	
43. PELVIC (Females only) (Check how done)	
<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

Urea N - 19  
Glucose 92  
Creatinine 1.0  
Uric acid - 6.4

Hct. 48  
Hgb. 16.2  
W.B.C. 6.0  
NEUTS 53  
BAND 1  
LYMPH 44  
MONO 2  
EOS 1  
platelets 440

Test cl. g.w.s.  
**Retired**

ENCLOSURE REC-139

9 FEB 2 1973

37. see previous 88 p.

3/25

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES																																																																																																																																																			
<table><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>Restorable teeth</td><td>1</td><td>2</td><td>3</td><td>Non-restorable teeth</td><td>1</td><td>2</td><td>3</td><td>Missing teeth</td><td>1</td><td>2</td><td>3</td><td>Replaced by dentures</td><td>1</td><td>2</td><td>3</td><td>Fixed Partial dentures</td></tr><tr><td>32</td><td>31</td><td>30</td><td></td><td></td><td>32</td><td>31</td><td>30</td><td></td><td>32</td><td>31</td><td>30</td><td></td><td>32</td><td>31</td><td>30</td><td></td><td>32</td><td>31</td><td>30</td><td></td></tr><tr><td>R</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>X</td><td>X</td><td></td><td></td><td></td><td></td><td></td><td>X</td><td></td><td></td><td></td><td></td></tr><tr><td>I</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>G</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>H</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>T</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>		0	1	2	3	Restorable teeth	1	2	3	Non-restorable teeth	1	2	3	Missing teeth	1	2	3	Replaced by dentures	1	2	3	Fixed Partial dentures	32	31	30			32	31	30		32	31	30		32	31	30		32	31	30		R	X								X	X						X					I																					G																					H																					T																					Type II Exams Class F NCD
0	1	2	3	Restorable teeth	1	2	3	Non-restorable teeth	1	2	3	Missing teeth	1	2	3	Replaced by dentures	1	2	3	Fixed Partial dentures																																																																																																																																	
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LABORATORY FINDINGS	
45. URINALYSIS: A. SPECIFIC GRAVITY <b>1.005</b>	46. CHEST X-RAY (Place, date, film number and result) <b>215-44-8102 Neg.</b>
B. ALBUMIN <b>Neg.</b>	D. MICROSCOPIC <b>Ex. Neg.</b>
C. SUGAR <b>Neg.</b>	48. EKG <b>SEE REPORT</b>
47. SEROLOGY (Specify test used and result) <b>9 FEB 6 1973</b>	49. BLOOD TYPE AND RH FACTOR <b>Neg.</b>
50. OTHER TESTS	

# MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 69		52. WEIGHT 170		53. COLOR HAIR Brown		54. COLOR EYES Blue		55. BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		56. TEMPERATURE	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)					
A. SITTING SYS. 128 DIAS. 88		B. RECUMBENT SYS. DIAS.		C. STANDING (3 min.) SYS. DIAS.		A. SITTING 80		B. AFTER EXERCISE		C. 2 MIN. AFTER	
59. DISTANT VISION		60. REFRACTION		61. NEAR VISION							
RIGHT 20/30		CORR. TO 20/28		BY S.		CX		J-2		CORR. TO	
LEFT 20/40		CORR. TO 20/28		BY S.		CX		D-7		CORR. TO	
62. HETEROPHORIA (Specify distance)											
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT	
63. ACCOMMODATION		64. COLOR VISION (Test used and result)		65. DEPTH PERCEPTION (Test used and score)		UNCORRECTED					
RIGHT LEFT		N/A				CORRECTED					
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)		68. RED LENS TEST		69. INTRAOCULAR TENSION					
						00/17308/123					
70. HEARING		71. AUDIOMETER		72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)							
RIGHT WV 75 /15 SV /15		250 256 500 518 1000 1024 2000 2018 3000 3396 4000 4096 6000 6144 8000 8192									
LEFT WV 15 /15 SV /15		RIGHT									
		LEFT									
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY											

(Use additional sheets if necessary)

## 74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

55. defective vision

(See [redacted])  
FEELS PROCTO  
NOT NECESSARY  
THIS YEAR.)

## 75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE						
P	U	L	H	E	S	

## 77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR duty  
B. ☐ IS NOT QUALIFIED FOR

b6  
b7C

## B. PHYSICAL CATEGORY

A	B	C	E

## 78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

## 79. TYPED OR PRINTED NAME OF PHYSICIAN

b6  
b7C

## 80. TYPED OR PRINTED NAME OF PHYSICIAN

## 81. TYPED OR PRINTED NAME OF PHYSICIAN (Indicate which)

LCDR DC USN

## 82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

## SIGNATURE

## SIGNATURE

## NUMBER OF ATTACHED SHEETS

**Attachment to Standard Form 88, Report of Medical Examination  
For Information and Guidance of Medical Examiner**

Name of Examinee  
(Type or print)

BLAND

Last

JAMES

First

F.

Middle

The following portions of the attached examination report form need not be completed:

3	9	62	69
4	11	65	72
8	14	67	76
	17	68	

45, 46, 47 and 49; required for all Special Agent and FBI National Academy applicants but not for any other applicant unless the examining physician deems one, two, three or all four of the examinations necessary. 45, 46 and 47 are required in examination of any current employee.

48. Required for (1) all Special Agent applicants; (2) all employees over 35 years of age; (3) any other where examination indicates such is desirable.

71. Audiometer examinations should be afforded whenever possible for all Special Agent applicants and Special Agents. Applicants for the Special Agent position will not be accepted if the hearing loss exceeds a 15 decibel average in either ear in the conversational speech range (500, 1000, 2000 cycles).

**For All Examinees, Whether Clerical or Special Agent Applicants or Employees:**

The medical examiner should answer the following question:

Examinee ☒ is ☐ is not qualified for strenuous physical exertion.

**To be Answered in the Case of All Special Agents and Special Agent Applicants:**

1. Does examinee have any defects restricting or prohibiting his participation in defensive tactics and dangerous assignments which might entail the practical use of firearms?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

**To be Answered in the Case of All Special Agents, Special Agent Applicants, and other Employees who drive Bureau vehicles:**

1. Does examinee have any defects prohibiting safe operation of motor vehicles?

☒ No ☐ Yes If "yes" please specify defects. \_\_\_\_\_

2. For safe driving of motor vehicles, Civil Service Commission requires distant vision must test at least 20/40 in one eye and 20/100 in the other, corrected or uncorrected. Should examinee wear corrective glasses while operating a motor vehicle? ☒ Yes ☐ No  
If recommendation is based on a factor other than above standard, indicate basis \_\_\_\_\_

ENCLOSURE

107-200436-220

# DESIRABLE WEIGHT RANGES

MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117 - 138	123 - 149	131 - 163	5'0"	96 - 114	101 - 124	109 - 138
5'5"	120 - 142	126 - 153	134 - 167	5'1"	99 - 118	104 - 128	112 - 141
5'6"	124 - 146	130 - 157	138 - 173	5'2"	102 - 121	107 - 131	115 - 144
5'7"	128 - 151	134 - 163	143 - 178	5'3"	105 - 124	110 - 135	118 - 149
5'8"	132 - 155	138 - 167	147 - 183	5'4"	108 - 128	113 - 139	121 - 152
5'9"	136 - 161	142 - 172	151 - 187	5'5"	111 - 132	117 - 144	125 - 156
5'10"	140 - 165	146 - 177	155 - 193	5'6"	114 - 135	120 - 149	129 - 161
5'11"	144 - 169	150 - 183	160 - 198	5'7"	118 - 140	124 - 153	133 - 165
6'	148 - 174	154 - 188	164 - 204	5'8"	122 - 144	128 - 157	137 - 169
6'1"	152 - 179	158 - 194	169 - 209	5'9"	126 - 149	132 - 162	141 - 174
6'2"	156 - 184	163 - 199	174 - 215	5'10"	130 - 154	136 - 166	145 - 179
6'3"	160 - 188	168 - 205	178 - 220	5'11"	134 - 158	140 - 171	149 - 185
6'4"	169 - 198	178 - 216	188 - 231	6'0"	138 - 163	144 - 175	153 - 190
6'5"	174 - 204	182 - 222	192 - 238				

4. Examinee's frame is ☐ small ☐ medium ☒ large

5. Considering above weight table, the examinee's frame, and other individual physical characteristics, I consider his present weight ☒ Satisfactory ☐ Excessive ☐ Deficient

6. Under proper medical supervision, employee should ☐ lose \_\_\_\_\_ pounds  
☐ gain \_\_\_\_\_ pounds

Remarks: \_\_\_\_\_

b6  
b7C

Medical Examiner

Date

MEDICAL REPORTS

Personnel File of: Blund, James E.

Personnel File No. \_\_\_\_\_

*Ret  
1-26-73*



*3/1/73*

67-NOT RECORDED  
5 JAN 29 1973

67-NOT RECORDED  
7 MAR 9 1973

*32*

*3*  
*4*



<b>CLINICAL RECORD</b>						<b>ELECTROCARDIOGRAPHIC RECORD</b>		PREVIOUS ECG <input type="checkbox"/> YES <input type="checkbox"/> NO	
CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
AGE — 16	SEX M	RACE	HEIGHT 5-9	WEIGHT 163	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE 5/21/63
RHYTHM sinus						AXIS DEVIATION (QRS) 30		RATES AURIC. VENT. 68	
INTERVALS PR .14 QRS .08 38 (or 37)						P WAVES normal			
QRS COMPLEXES normal									
RS-T SEGMENT normal						T WAVES normal			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

normal

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

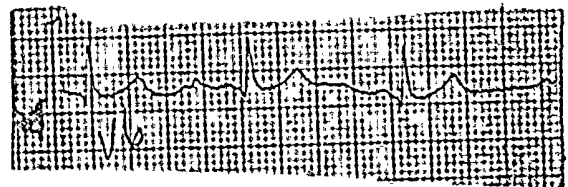
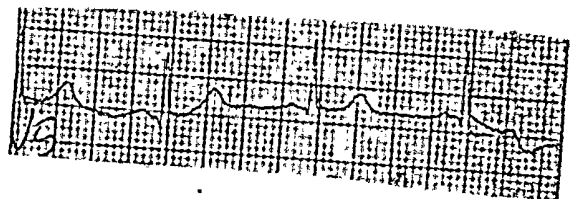
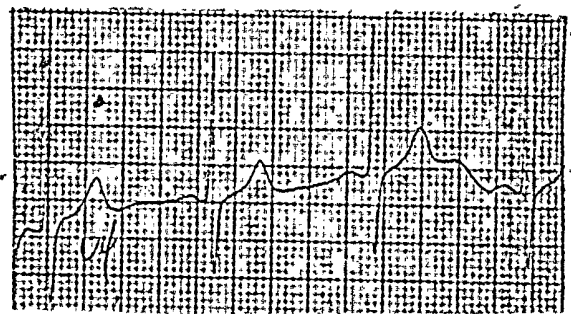
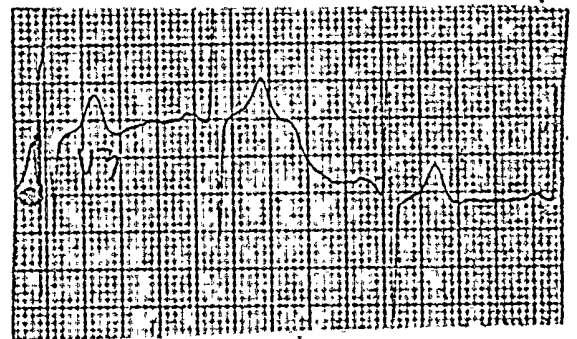
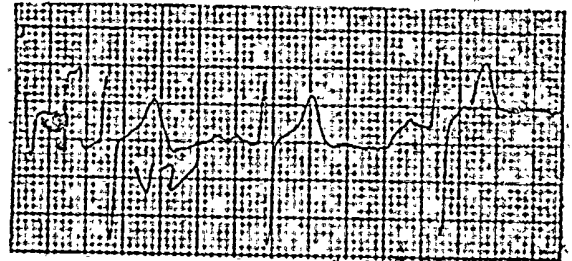
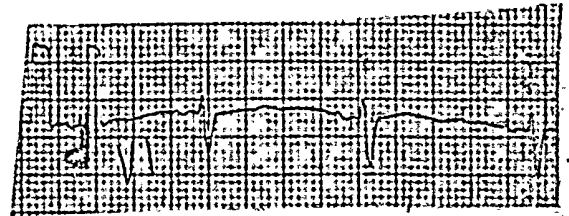
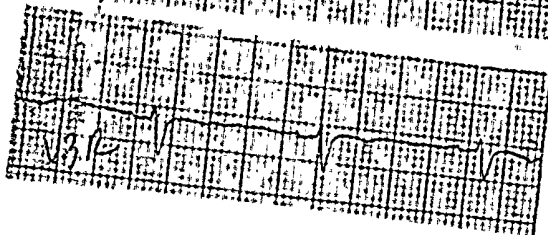
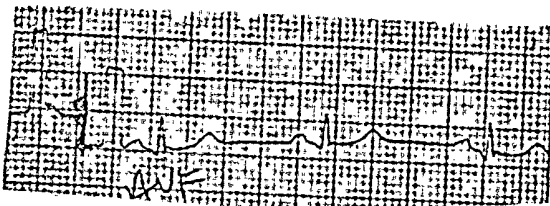
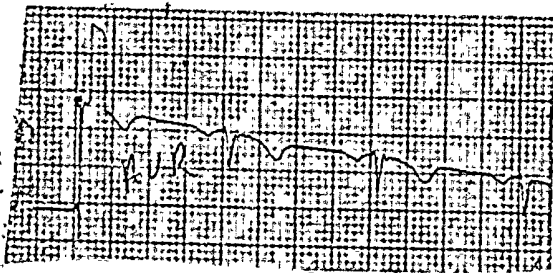
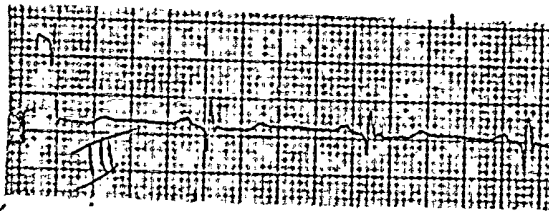
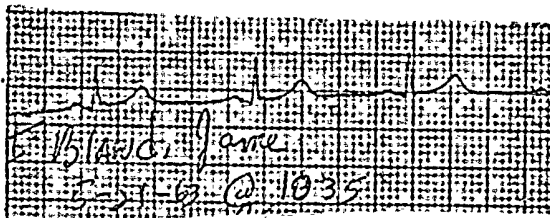
1. <sup>W</sup>ithin normal limits

b6  
b7C

(Continue on reverse)

NO.	SIGNATURE	TITLE	DATE
ECG		LCDR MCUSNR	5/22/63
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.
BLAND JAMES FBI			ST CL

F



**REPORT OF MEDICAL HISTORY**  
**U.S. Civil Service Employees and Applicants**

Budget Bureau  
Approved 50-R0390

This information is for official and medically-confidential use only and will not be released to unauthorized persons.

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>BLAND, JAMES F.</b>		2. TITLE OF POSITION <b>Inspector</b>		3. SOCIAL SECURITY NUMBER <b>215 44 8102</b>	
4. HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code) <b>1000 1st St (S) St. Louis, Mo 63104</b>		5. PURPOSE OF EXAMINATION <b>Annual</b>		6. DATE OF EXAMINATION <b>2/3/72</b>	
7. SEX <b>M</b>	8. TOTAL YEARS GOVERNMENT SERVICE <b>10</b>	9. AGENCY <b>St. Louis</b>	10. ORGANIZATION UNIT <b>Police</b>		
11. DATE OF BIRTH <b>5/6/17</b>		12. PLACE OF BIRTH <b>Missouri</b>		13. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Including ZIP Code) <b>St. Louis</b>	

14. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

**Good**

15. DO YOU (Please check at left of each item):			16. HAVE YOU EVER (Please check at left of each item):		
YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	WEAR GLASSES OR CONTACT LENSES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAVE VISION IN BOTH EYES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	COUGHED UP BLOOD
<input type="checkbox"/>	<input checked="" type="checkbox"/>	WEAR A HEARING AID	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	STUTTER OR STAMMER HABITUALLY	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	WEAR A BRACE OR BACK SUPPORT	<input type="checkbox"/>	<input type="checkbox"/>	

17. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item):											
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SCARLET FEVER, ERYSIPELAS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ASTHMA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RECENT GAIN OR LOSS OF WEIGHT
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIPHTHERIA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHORTNESS OF BREATH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ARTHRITIS OR RHEUMATISM
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RHEUMATIC FEVER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PAIN OR PRESSURE IN CHEST	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BONE, JOINT, OR OTHER DEFORMITY
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SWOLLEN OR PAINFUL JOINTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CHRONIC COUGH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LAMENESS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MUMPS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PALPITATION OR POUNDING HEART	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOSS OF ARM, LEG, FINGER, OR TOE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	COLOR BLINDNESS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HIGH OR LOW BLOOD PRESSURE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PAINFUL OR "TRICK" SHOULDER OR ELBOW
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR SEVERE HEADACHE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CRAMPS IN YOUR LEGS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RECURRENT BACK PAIN
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIZZINESS OR FAINTING SPELLS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT INDIGESTION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"TRICK" OR LOCKED KNEE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EYE TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	STOMACH, LIVER, OR INTESTINAL TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FOOT TROUBLE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EAR, NOSE, OR THROAT TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GALL BLADDER TROUBLE OR GALLSTONES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NEURITIS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RUNNING EARS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	JAUNDICE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PARALYSIS (Inc. infantile)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HEARING LOSS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ANY ADVERSE REACTION TO SERUM, DRUG, OR MEDICINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EPILEPSY OR FITS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CHRONIC OR FREQUENT COLDS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BROKEN BONES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAR, TRAIN, SEA, OR AIR SICKNESS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SEVERE TOOTH OR GUM TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TUMOR, GROWTH, CYST, OR CANCER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT TROUBLE SLEEPING
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SINUSITIS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RUPTURE/HERNIA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR TERRIFYING NIGHTMARES
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAY FEVER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	APPENDICITIS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DEPRESSION OR EXCESSIVE WORRY
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HEAD INJURY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PILES OR RECTAL DISEASE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOSS OF MEMORY OR AMNESIA
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SKIN DISEASES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR PAINFUL URINATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NERVOUS TROUBLE OF ANY SORT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GOITER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KIDNEY STONE OR GRAVEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ANY DRUG OR NARCOTIC HABIT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULOSIS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUGAR OR ALBUMIN IN URINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EXCESSIVE DRINKING HABIT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SOAKING SWEATS (Night sweats)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BOILS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PERIODS OF UNCONSCIOUSNESS

18. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? <b>1</b>	19. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS <b>30 yrs.</b>	20. WHAT IS YOUR USUAL OCCUPATION? <b>Inspector</b>	21. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED
---	---	--	--

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	X	22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	X	B. INABILITY TO PERFORM CERTAIN MOTIONS
	X	C. INABILITY TO ASSUME CERTAIN POSITIONS
	X	D. OTHER MEDICAL REASONS (If yes, give reasons)
	X	23. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCES?
	X	24. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
X		25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
X		26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital)
	X	27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
X		28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details)
	X	29. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	X	30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable; other than honorable; for unfitness or unsuitability)
	X	31. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

25. Appendectomy (1920) age 3; Tonsillectomy, age 18; Hemorrhoidectomy, age 20; Ruptured disc, age 43

26. Broken leg, Missouri Methodist Hospital, St. Joseph, Missouri, age 3  
Tonsillectomy, Missouri Method. Hospital St. Joseph, Missouri, age 18  
Hemorrhoidectomy, Presbyterian Hospital, Chicago, Illinois, age 20  
U. S. Naval Hospital, Bethesda, Md. ruptured disc 1960, Proctology consult-sigmoidoscope March and Sept 1964, small polyp removed from rectum March, 1964; Family Doctor [redacted], Md. -- minor colds

28. - see 26

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.  
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

James F. Bland

SIGNATURE

*James F. Bland*

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

*No current problems except  
acc. housework*

b6  
b7C

*8 yrs Sp fusion benign rectal polyp*

b6  
b7C

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

2/3/72

SIGNATURE

NUMBER OF ATTACHED SHEETS

1

Aug 1964  
Bureau of Prisons  
Chicago, Ill.

CLINICAL RECORD

ELECTROCARDIOGRAPHIC RECORD

PREPARED BY

☐ MD

CLINICAL IMPRESSION

EXPLANATION

☐ INTERVIEW

☐ REEVALUATE

*ROUTINE*

54113 RICHARD J. [illegible]

SIGNATURE OF NURSE

*[Signature]*

PHYSICIAN

EXPLANATION

DATE

TIME

INTERVIEW

VALUES

PR

QRS

QT

QRS COMPLEXES

POST-EXAM

WAVE

PHYSICIAN - F. M. T. LEADS (10/1/64)

PRECORDIAL LEADS (10/1/64)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

*WNL*

b6  
b7C

(Continue on reverse)

NO.

ECC

TITLE

DATE

PATIENT

10/1/64

FBI

CLINICAL ROOM ONLY

PHYS. EXAM. NO.

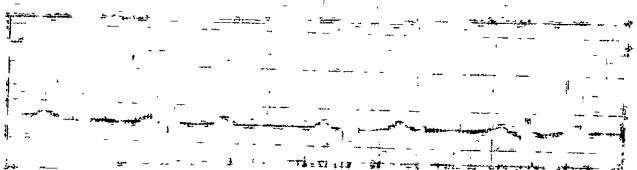
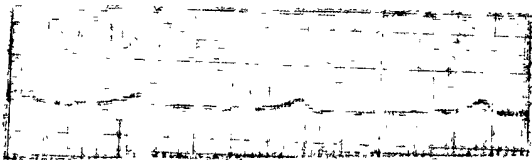
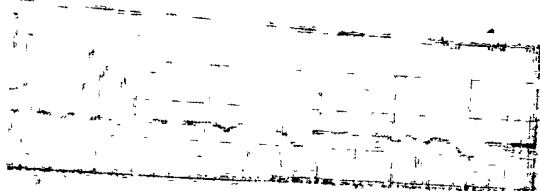
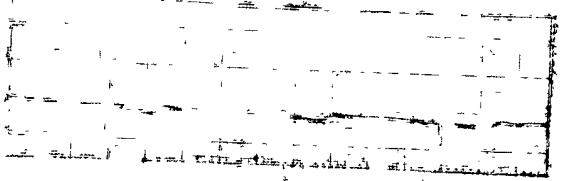
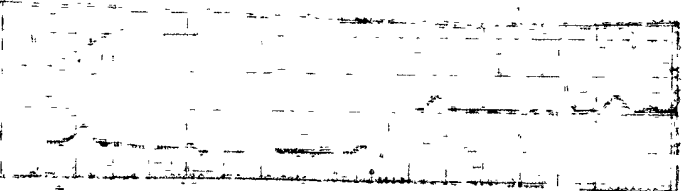
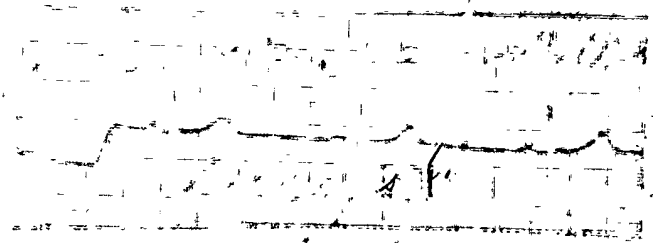
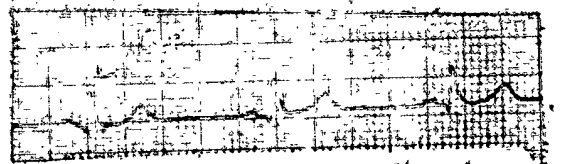
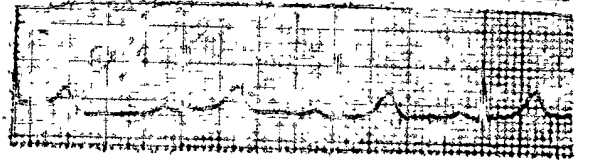
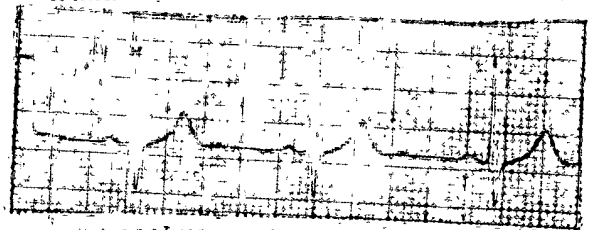
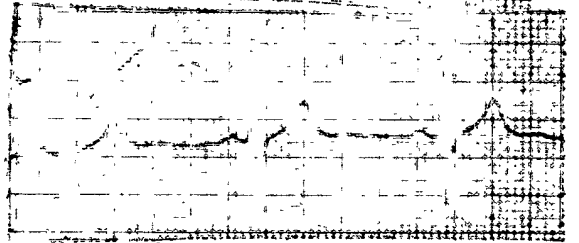
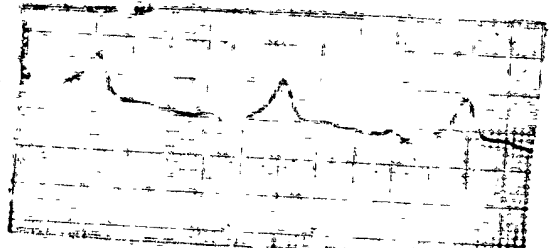
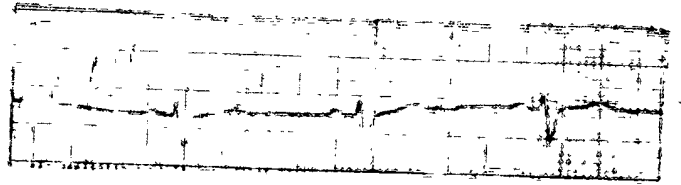
ELECTROCARDIOGRAPHIC RECORD  
Standard Form 522

*CLAND, James F.*

*10/1/64*

*67*

MSD



CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG	
CLINICAL IMPRESSION				MEDICATION				<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
								<b>PREVIOUS ECG</b>	
AGE 46				SEX M				<input checked="" type="checkbox"/> ROUTINE	
								<input type="checkbox"/> DEOBIDE	
RACE CAUC				HEIGHT 6'4"				<input checked="" type="checkbox"/> AMBULANT	
								DATE 2-15-66	
WEIGHT 163				D.P.				SIGNATURE OF WARD PHYSICIAN	
RHYTHM				AXIS DEVIATION (QRS)				RATES	
				+ 30°				AURIC. VENT.	
INTERVALS				P WAVES					
PR				QRS				QT	
QRS COMPLEXES									
RS-T SEGMENT				T WAVES					
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

**WITHIN NORMAL LIMITS**

**NO SIGNIFICANT CHANGE SINCE 2/16/65**

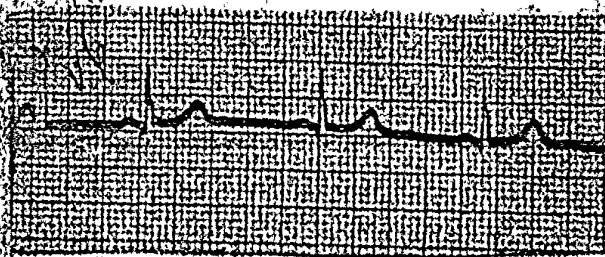
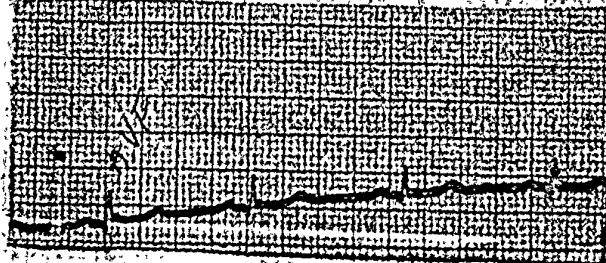
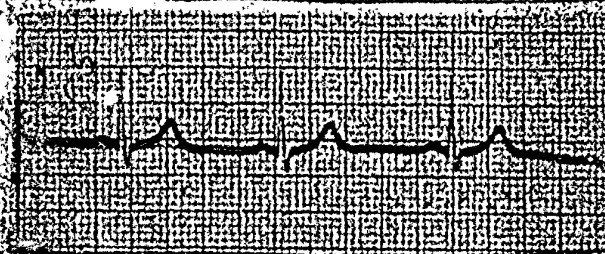
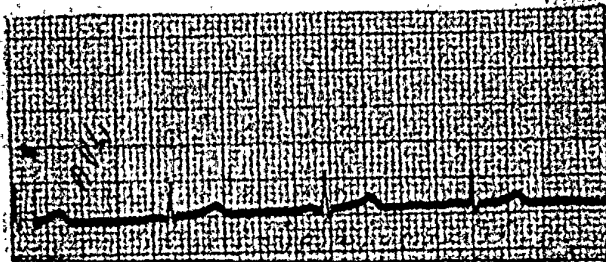
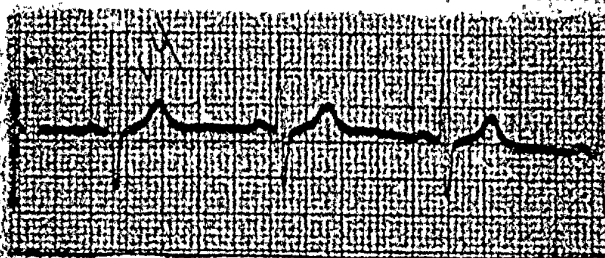
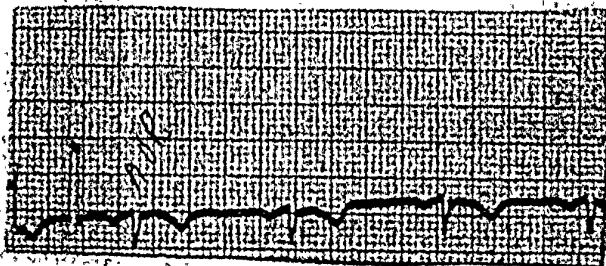
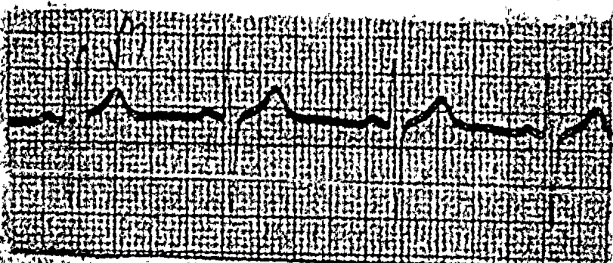
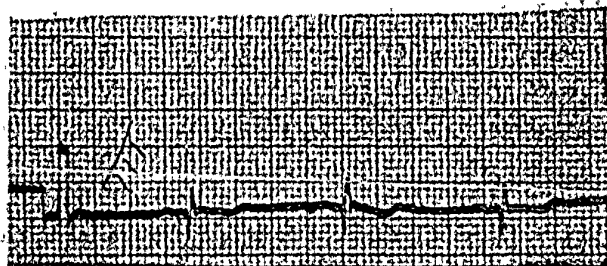
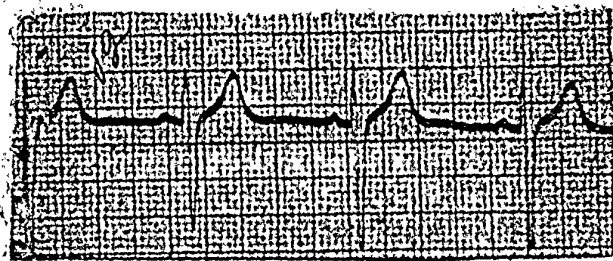
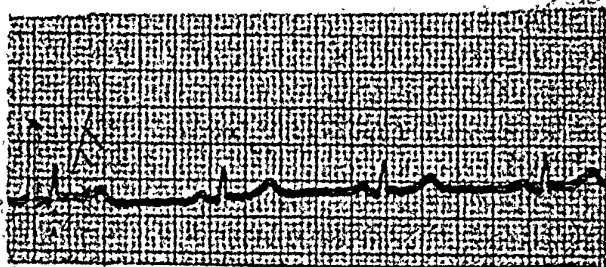
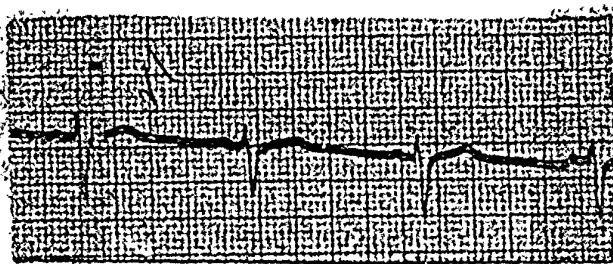
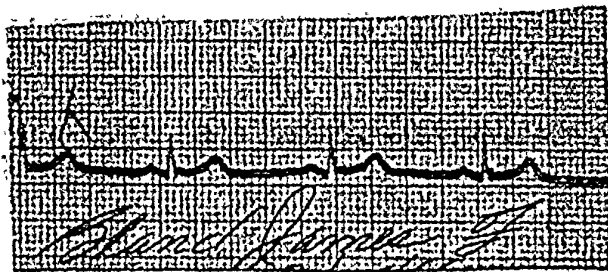
b6  
b7C

NO. 00139		SIGNATURE		TITLE		DATE 2/15/66	
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)				REGISTER NO.		WARD NO.	

Bland, James F.

SA-FBI

WVME





CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG	
CLINICAL IMPRESSION				MEDICATION				<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
AGE	SEX	RACE	HEIGHT	WEIGHT	H. P.	SIGNATURE OF WARD PHYSICIAN		<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
49	M	Cauc	6'9"	164 1/2				<input checked="" type="checkbox"/> ROUTINE	<input checked="" type="checkbox"/> AMBULANT
RHYTHM				AXIS DEVIATION (QRS)				RATES	
INTERVALS				P WAVES				AURIC. VENT	
QRS COMPLEXES				T WAVES					
RS-T SEGMENT									
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECARDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

b6  
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**WITHIN NORMAL LIMITS**

NO SIGNIFICANT CHANGE SINCE 2-15-66

LT. (MC) D. J. [Signature]

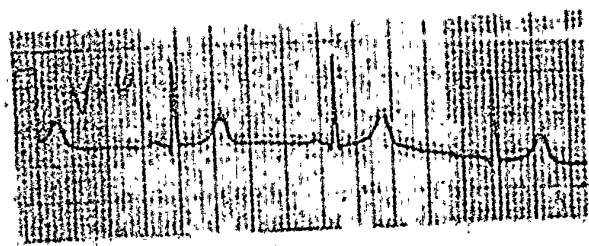
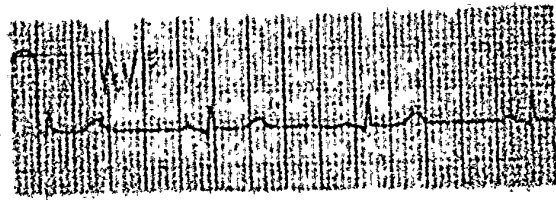
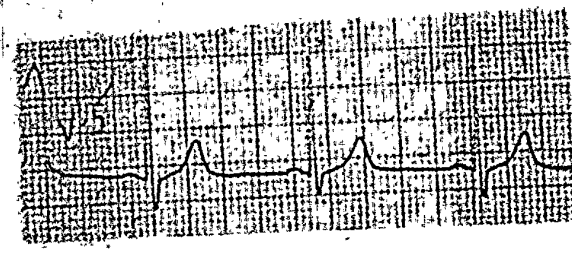
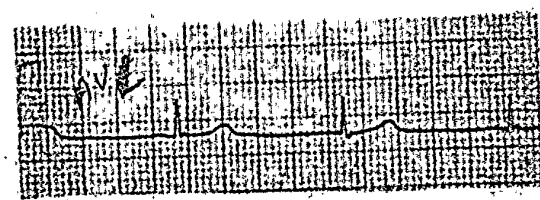
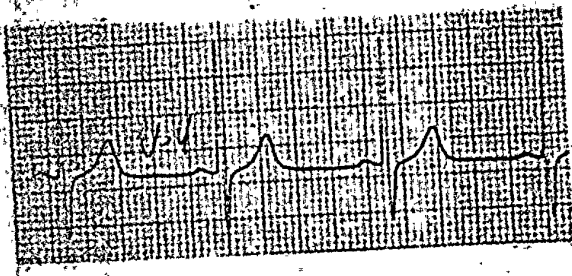
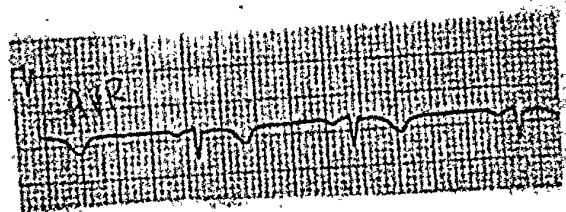
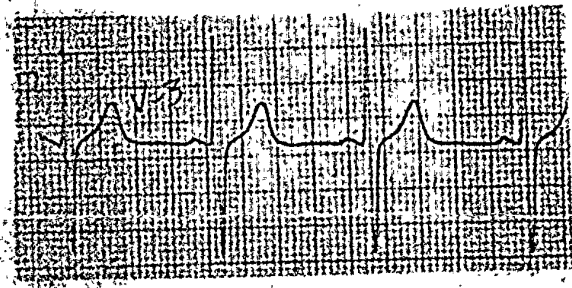
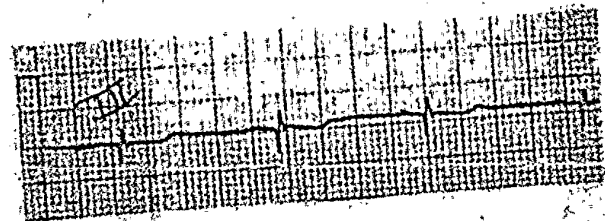
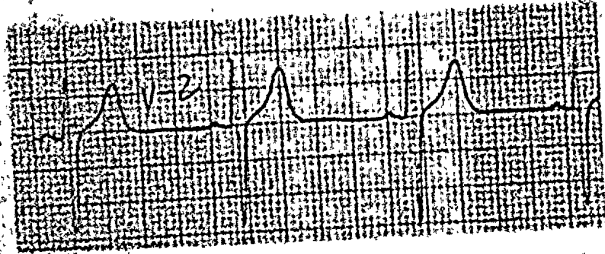
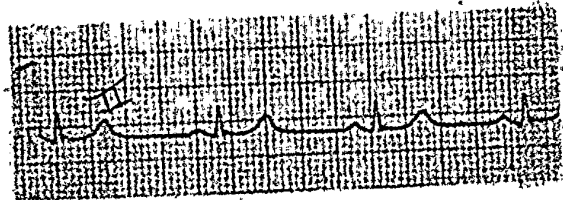
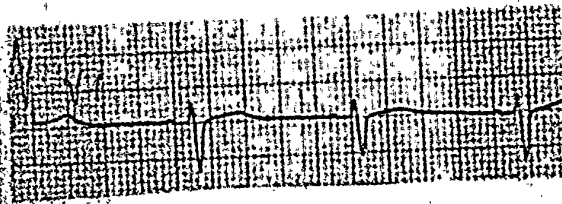
(Continue on reverse)

NO.	SIGNATURE	TITLE	9 FEB 1967
ECG			
PATIENT'S IDENTIFICATION (This space to be filled out by patient, family, or hospital; include grade, date, hospital or medical facility)			WAVE NO.

BLANK, James J.  
29 Feb 1967  
NANCY

ELECTROCARDIOGRAPHIC RECORD  
Standard Form 320  
U. S. G.  
(Attach markings to S. J. 507)

BLAND, JAMES F. 34-1007  
6 FEB 61



CLINICAL RECORD		ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG	
CLINICAL IMPRESSION <i>Routine</i>		MEDICATION		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
				<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ROUTINE <input checked="" type="checkbox"/> AMBULANT			
AGE <i>50</i>	SEX <i>m</i>	RACE <i>Cauc</i>	HEIGHT <i>69"</i>	WEIGHT <i>165</i>	B. P.	SIGNATURE OF WARD PHYSICIAN <i>Dr. Fox</i>	DATE <i>1-24-68</i>
RHYTHM			AXIS DEVIATION (QRS)		RATES AURIC. VENT.		
INTERVALS PR QRS QT			P WAVES				
QRS COMPLEXES							
RS-T SEGMENT				T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)							

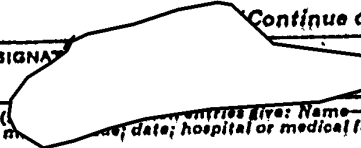
PRECORDIAL LEADS (Specify)

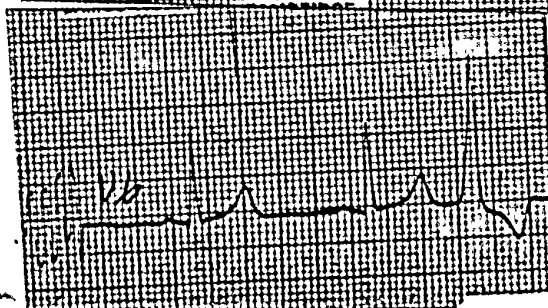
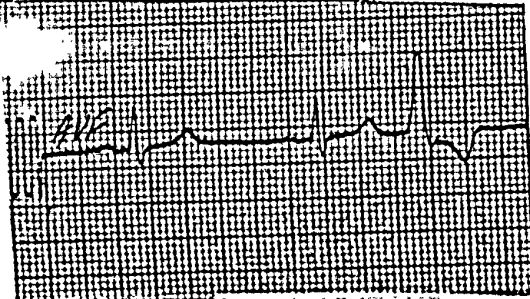
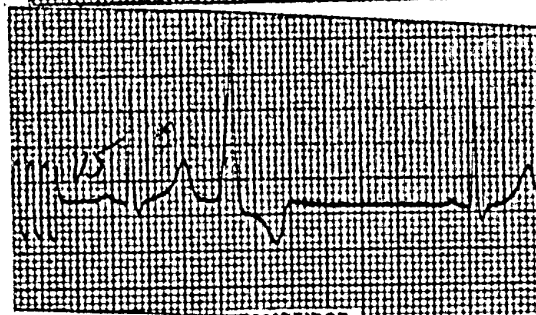
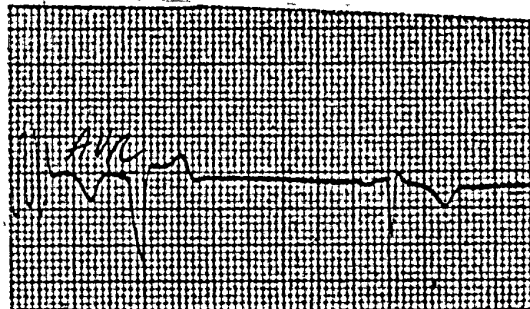
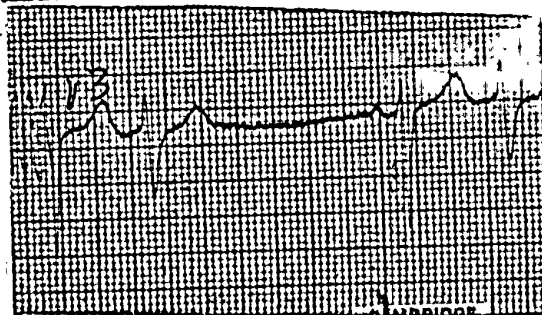
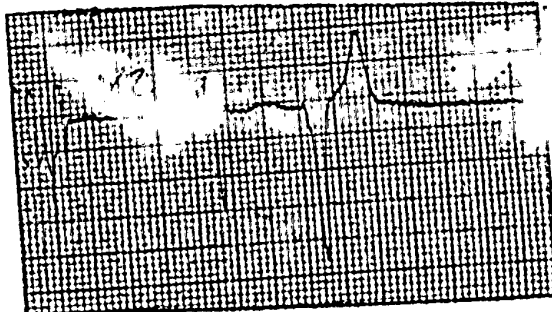
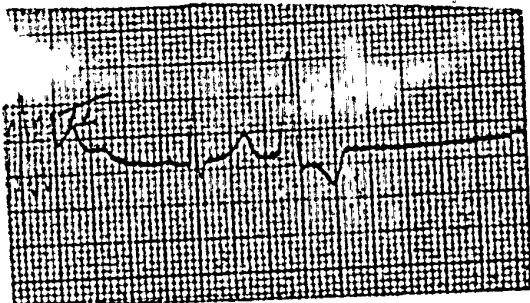
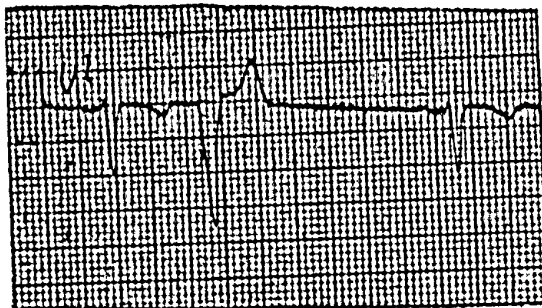
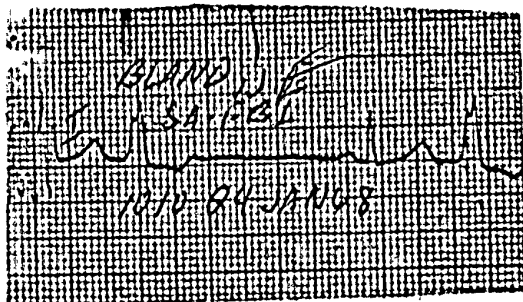
SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

*Frequent unifocal PVC's*

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*50*

NO.		SIGNATURE		TITLE		DATE	
ECG						<i>1/24/68</i>	
PATIENT'S IDENTIFICATION (Name, date, hospital or medical facility)		ENTRIES GIVEN: Name—last, first, middle initial		REGISTRATION		WARD NO.	
<i>Bland, James F.</i>				<b>PHYSICAL EXAM ROOM</b>			
<i>SA-FBI</i>				ELECTROCARDIOGRAPHIC RECORD		Standard Form 520	
<i>NNMC</i>						520-104 (Attach tracings to S. F. 507)	



CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG	
CLINICAL IMPRESSION <b>ROUTINE</b>				MEDICATION				<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input checked="" type="checkbox"/> ROUTINE	<input checked="" type="checkbox"/> AMBULANT
AGE: <b>51</b>	SEX: <b>M</b>	RACE: <b>Cauc</b>	HEIGHT: <b>69"</b>	WEIGHT: <b>164</b>	D. P.	SIGNATURE OF WARD PHYSICIAN <b>DR. FOX</b>			DATE <b>1-16-69</b>
RHYTHM				AXIS DEVIATION (QRS)				RATES	
INTERVALS				P WAVES				AURIC. VENT.	
PR				QRS				QT	
QRS COMPLEXES									
RS-T SEGMENT				T WAVES					
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

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**WITHIN NORMAL LIMITS**

NO.		SIG.		TITLE		DATE	
ECG						<b>16 JAN</b>	
PATIENT'S IDENTIFICATION				REGISTER NO.		WARD NO.	
<b>BLAND, JAMES F.</b>				<b>FBI</b>		<b>T-18</b>	

**SA-FBI  
NNMC**

ELECTROCARDIOGRAPHIC RECORD  
Standard Form 520  
520-104  
(Attach tracings to S. F. 507)

CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG	
CLINICAL IMPRESSION <b>ROUTINE</b>				MEDICATION				<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input checked="" type="checkbox"/> ROUTINE	<input checked="" type="checkbox"/> AMBULANT
AGE <b>52</b>	SEX <b>M</b>	RACE <b>Cauc</b>	HEIGHT <b>5-9</b>	WEIGHT <b>165</b>	B.P.	SIGNATURE OF WARD PHYSICIAN		DATE <b>1-29-70</b>	
RHYTHM				AXIS DEVIATION (QRS)				RATES	
								AURIC. VENT.	
INTERVALS				P WAVES					
PR				QRS				QT	
QRS COMPLEXES									
RS-T, SEGMENT				T WAVES					
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

**NO SIGNIFICANT CHANGE SINCE 16 Jan 69**

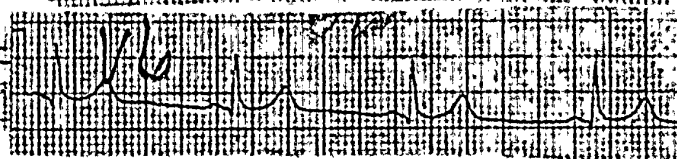
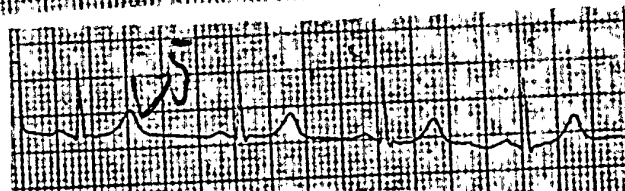
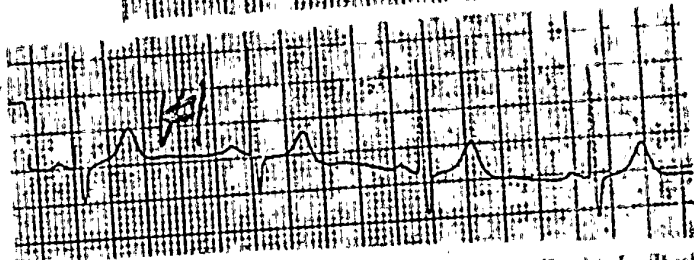
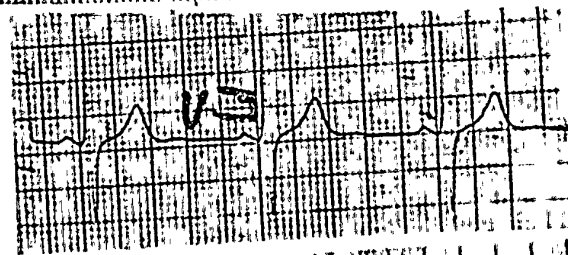
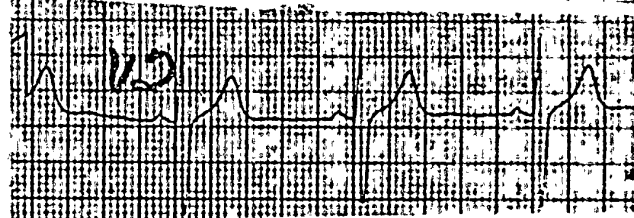
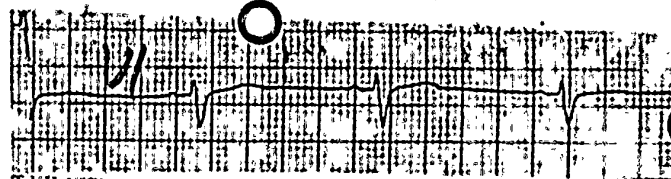
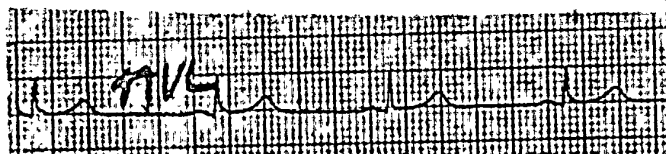
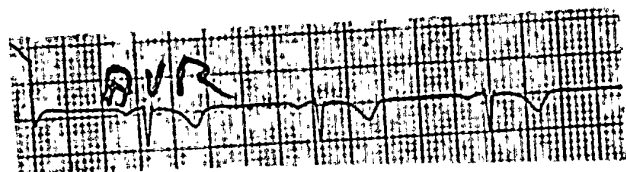
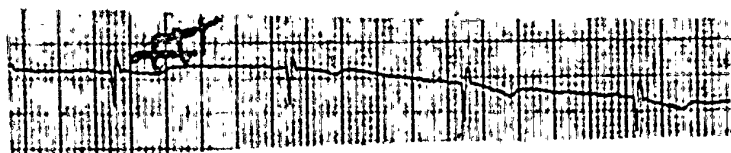
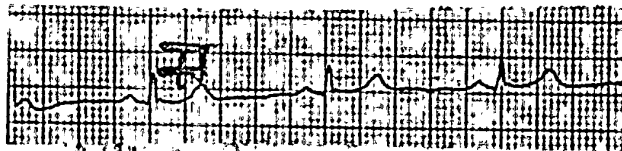
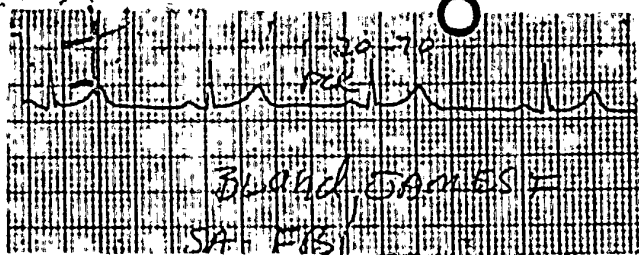
**WITHIN NORMAL LIMITS**

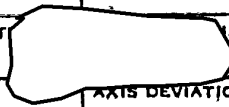
b6  
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NO.	SIGNATURE <b>ECOR MC USNR</b>		TITLE		DATE
ECG					<b>20 Jan 70</b>
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)			REGISTER NO.		WARD NO.
			<b>FBI PERM 209</b>		

**BLAND, JAMES F.**  
**S.A. - FBI**  
**NNMC**

ELECTROCARDIOGRAPHIC RECORD  
Standard Form 520  
Page 104  
(Attach tracings to S J 507)



CLINICAL RECORD				ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG	
CLINICAL IMPRESSION <b>ROUTINE</b>				MEDICATION				<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input checked="" type="checkbox"/> ROUTINE	<input checked="" type="checkbox"/> AMBULANT
AGE <b>53</b>	SEX <b>M</b>	RACE <b>CAUL</b>	HEIGHT <b>5'9"</b>	WEIGHT <b>167</b>	R.P.	SIGNATURE 	DATE <b>2-10-71</b>		
RHYTHM				AXIS DEVIATION (QRS)				RATES	
								AURIC. VENT.	
INTERVALS				P WAVES					
PR				QRS				QT	
QRS COMPLEXES									
RS-T SEGMENT				T WAVES					
UNIPOLAR EXTREMITY LEADS (Specify)									


PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

*WAL*

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(Continue on reverse)

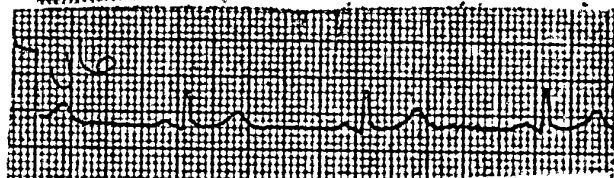
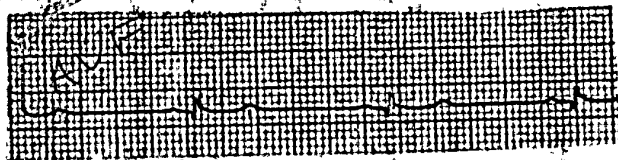
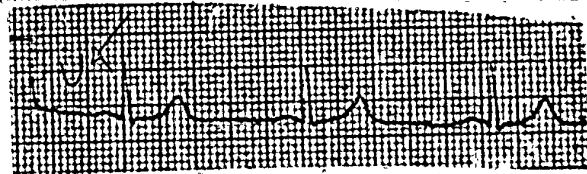
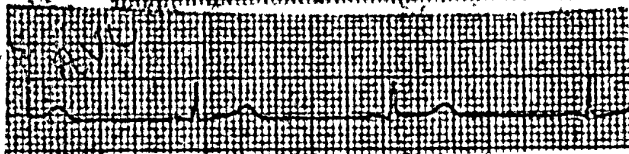
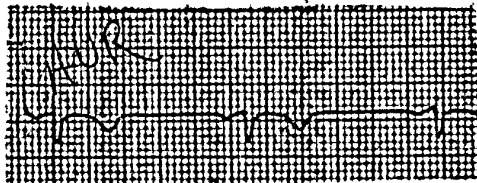
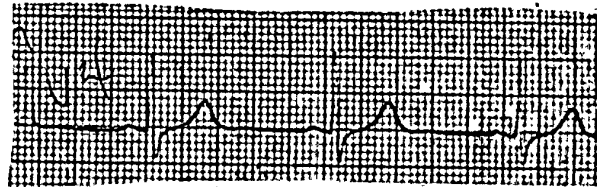
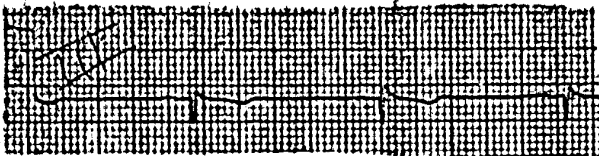
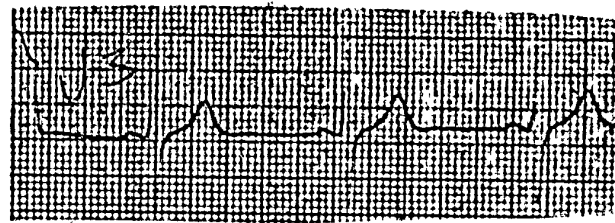
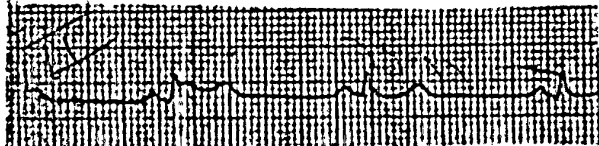
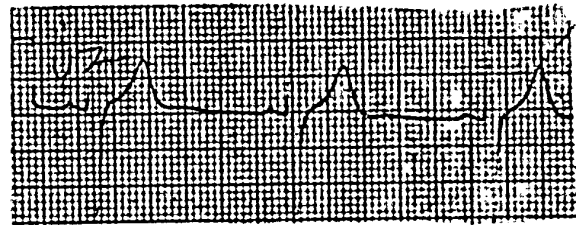
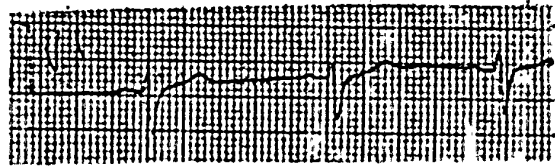
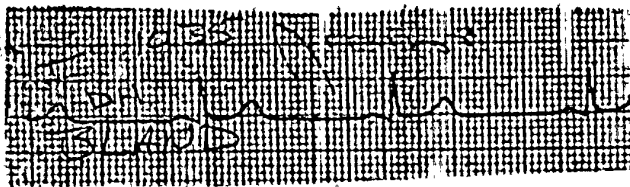
NO.	SIGNATURE	TITLE	DATE
ECG			
PATIENT'S IDENTIFICATION (For middle, grade, date, etc.)		WARD NO.	

**BLAND, JAMES**  
**SEA. INSPECTOR**  
**ANAL**  
**D.O.B.**

REGISTER NO. **FB / PE. RM. 509**

ELECTROCARDIOGRAPHIC RECORD  
Standard Form 520  
820-101  
(Attach hospital form SF 507)





CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input type="checkbox"/> ROUTINE	<input type="checkbox"/> AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
44	M		5'9"	163					6-16-61 @1040
RHYTHM						AXIS DEVIATION (QRS)		RATES	
Normal sinus						30		AURIC. VENT. 75	
INTERVALS						P WAVES			
PR .16 QRS .08 QT						N			
QRS COMPLEXES									
q II, III, AVF									
RS-T SEGMENT						T WAVES			
Elevated II, AVF, V6 (early repolarization)						Depressed III			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECARDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

1. Within normal limits.
2. No significant change since 7-22-60.

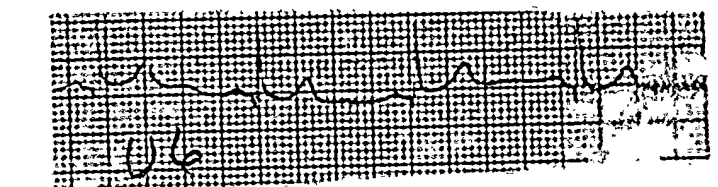
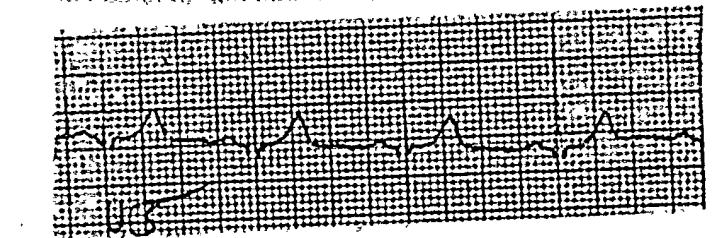
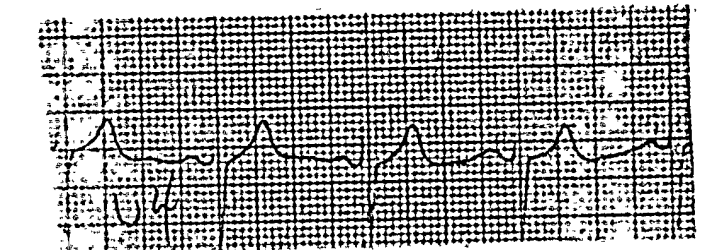
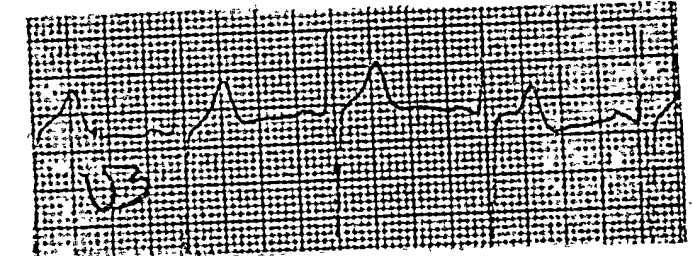
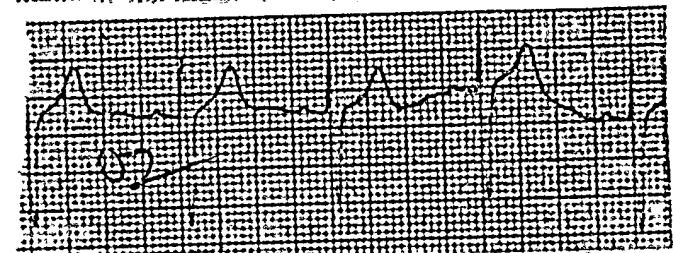
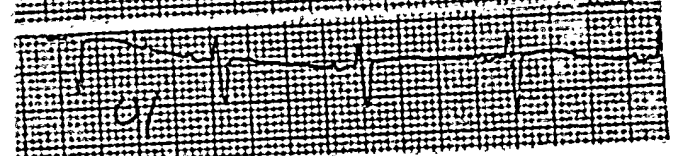
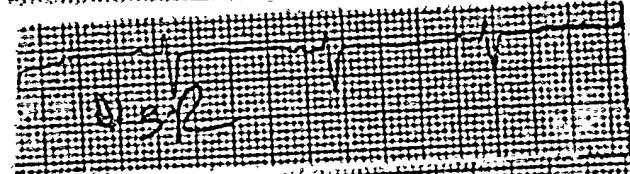
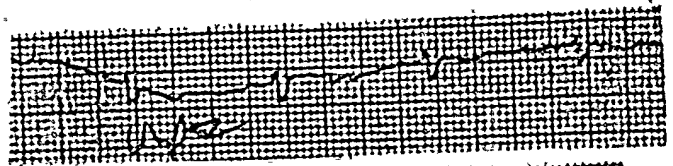
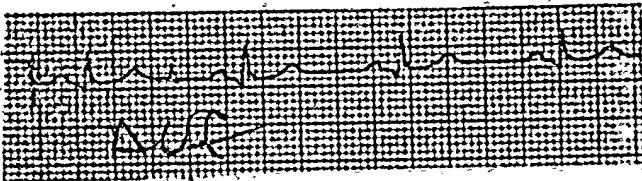
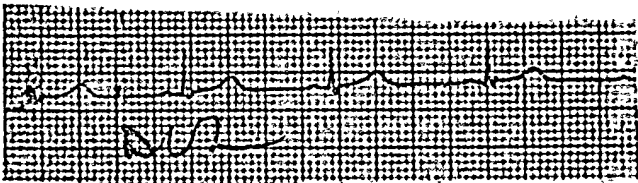
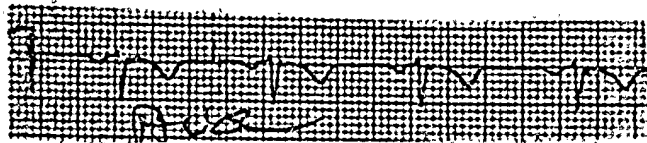
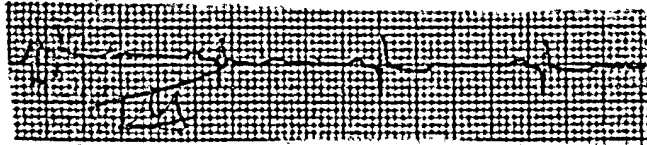
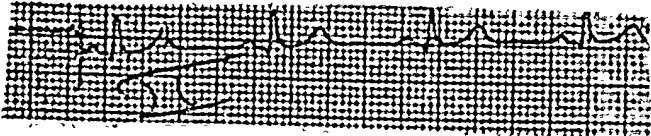
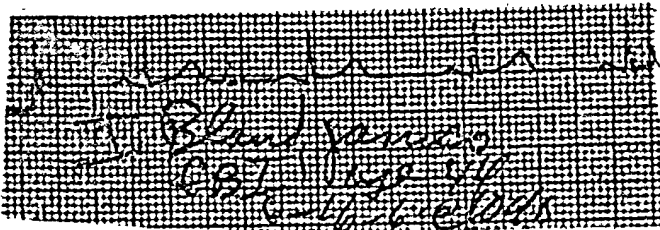
b6  
b7C

(Continue on reverse)

NO.	SIGNATURE	TITLE	DATE
ECG 13833	[Redacted]	LT MC USN	6-17-61
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.
			St. C1

BLAND JAMES FBI  
USNH NMMC BETHESDA, MD.

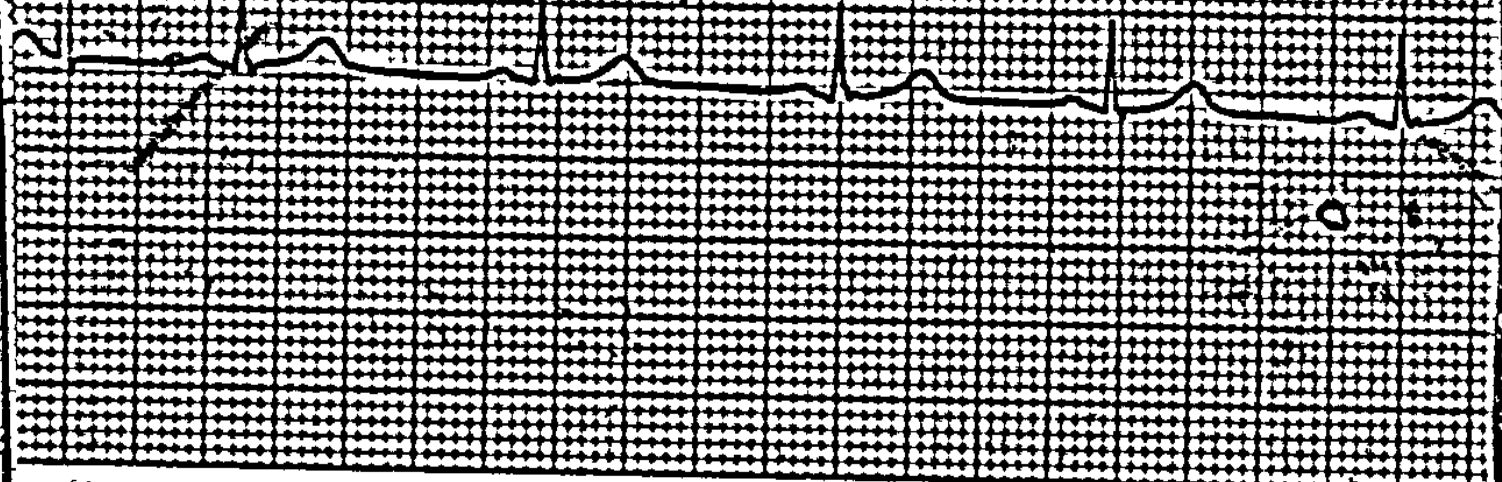
ELECTROCARDIOGRAPHIC RECORD  
Standard Form 520  
520-103  
(Attach tracings to S. F. 507)





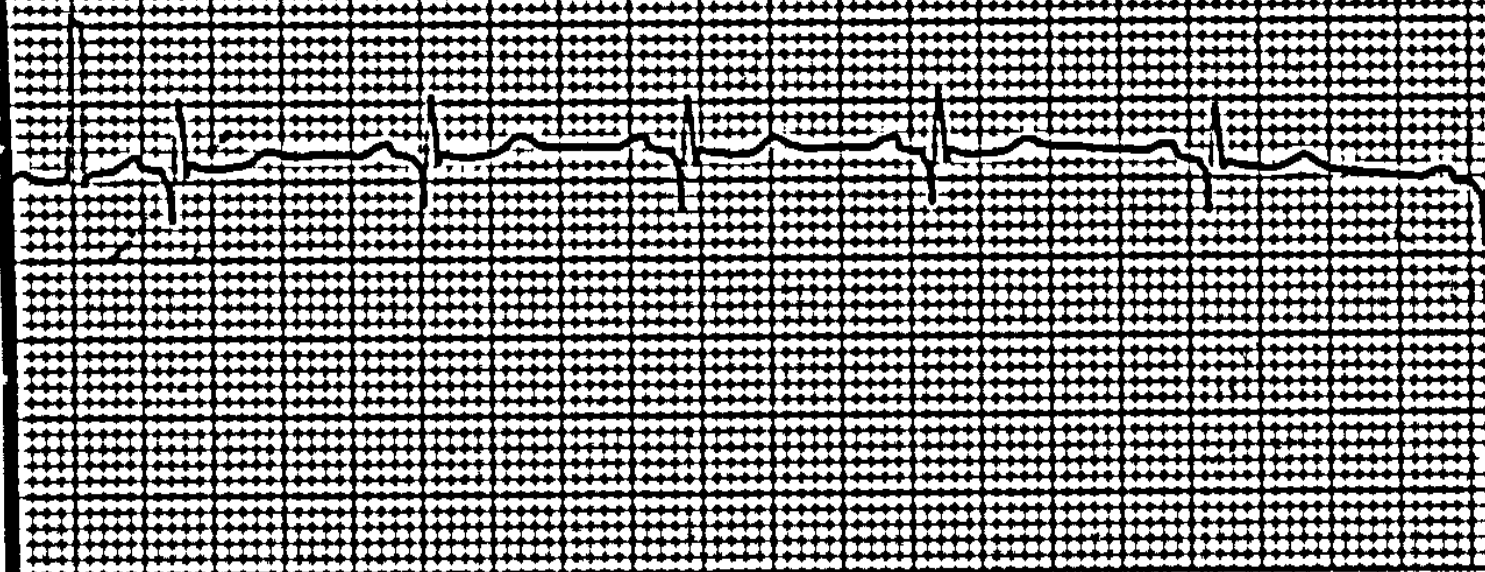
Bland, James R.  
FBI

7-22-60 1410



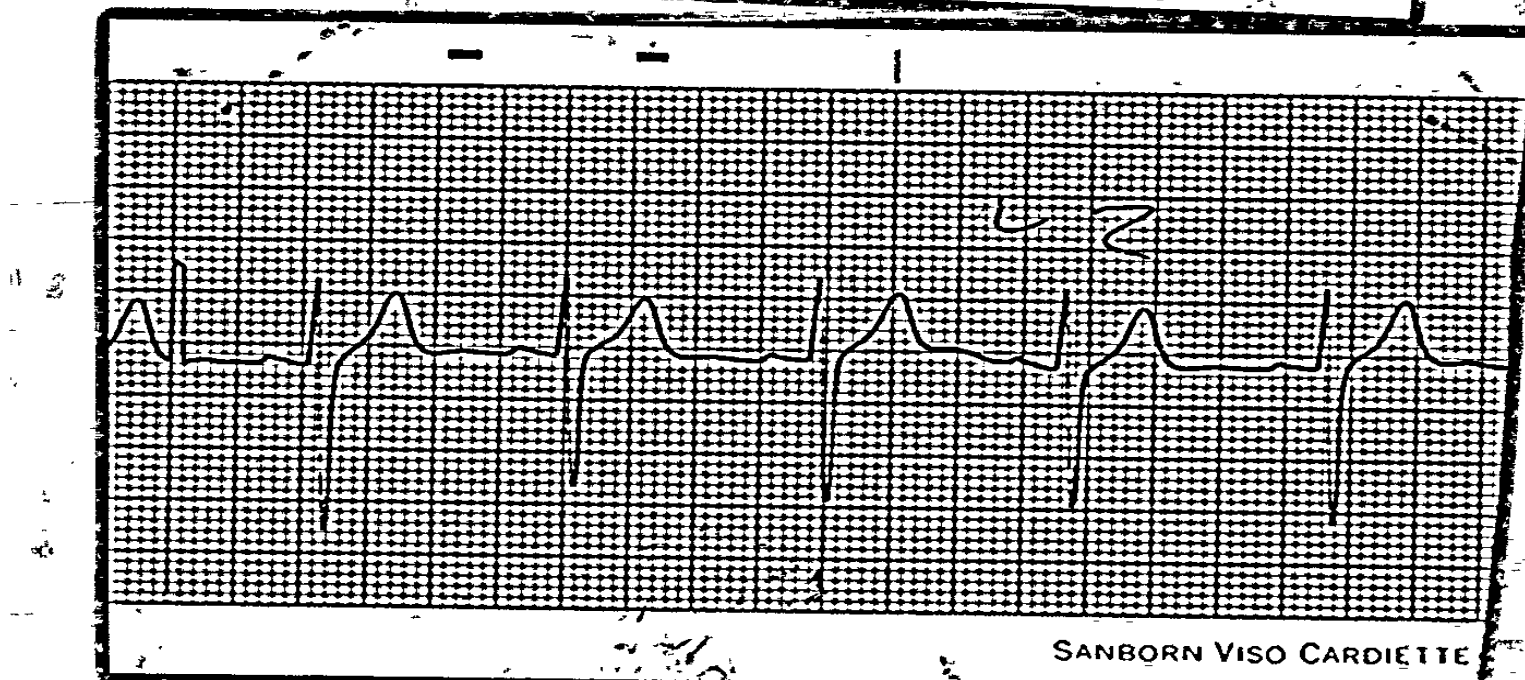
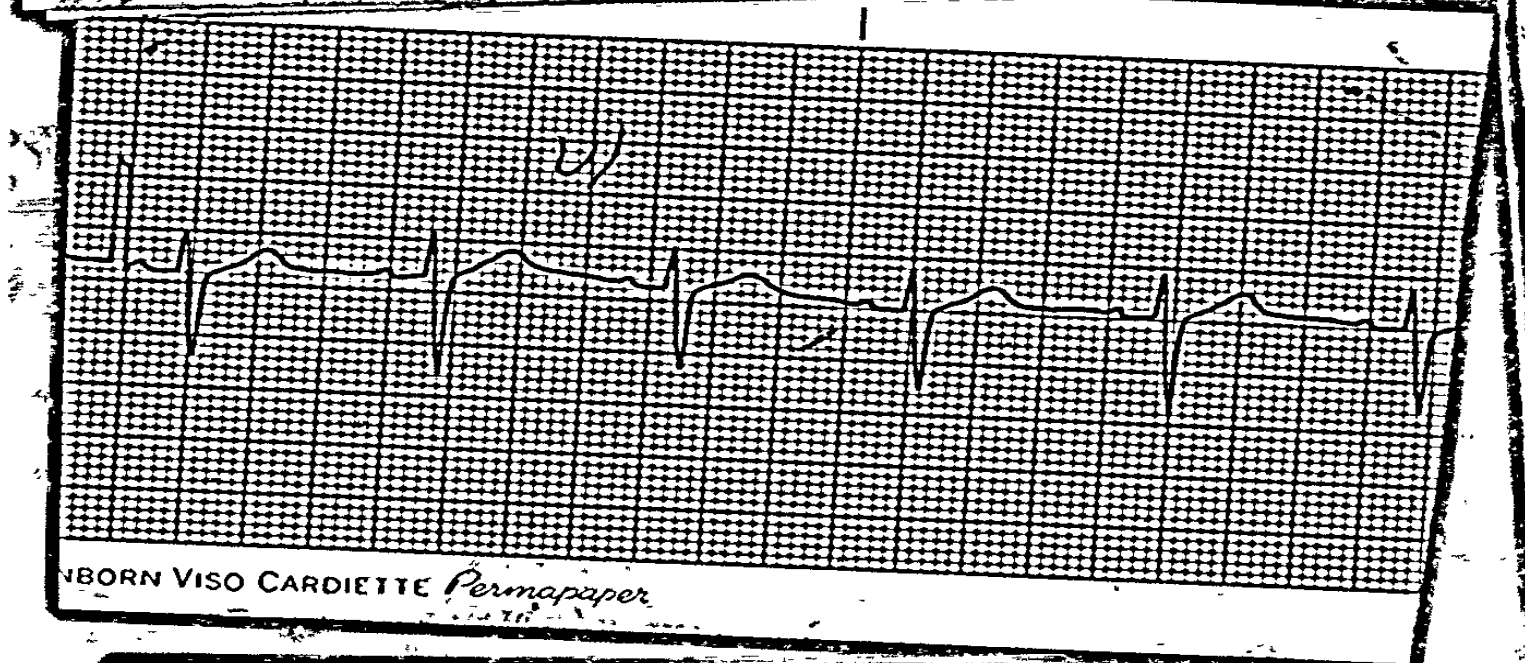
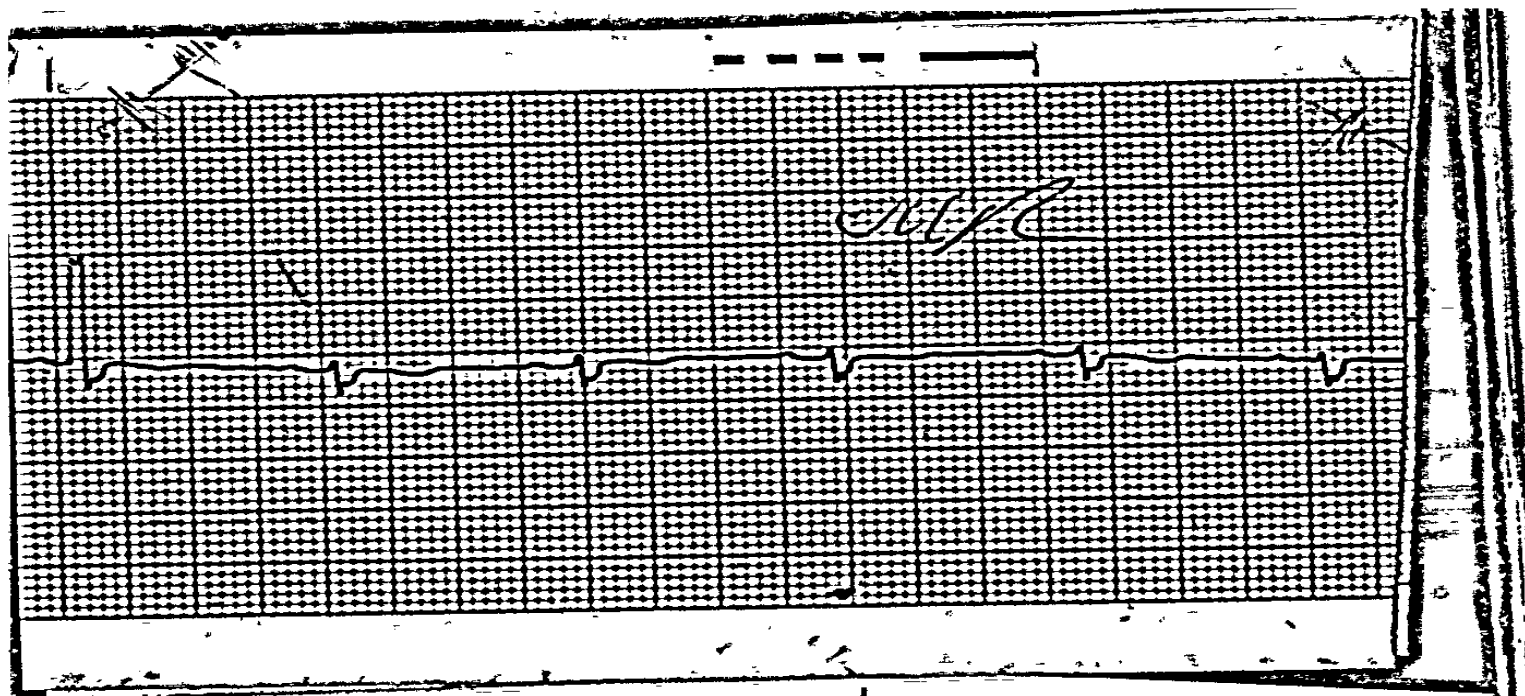
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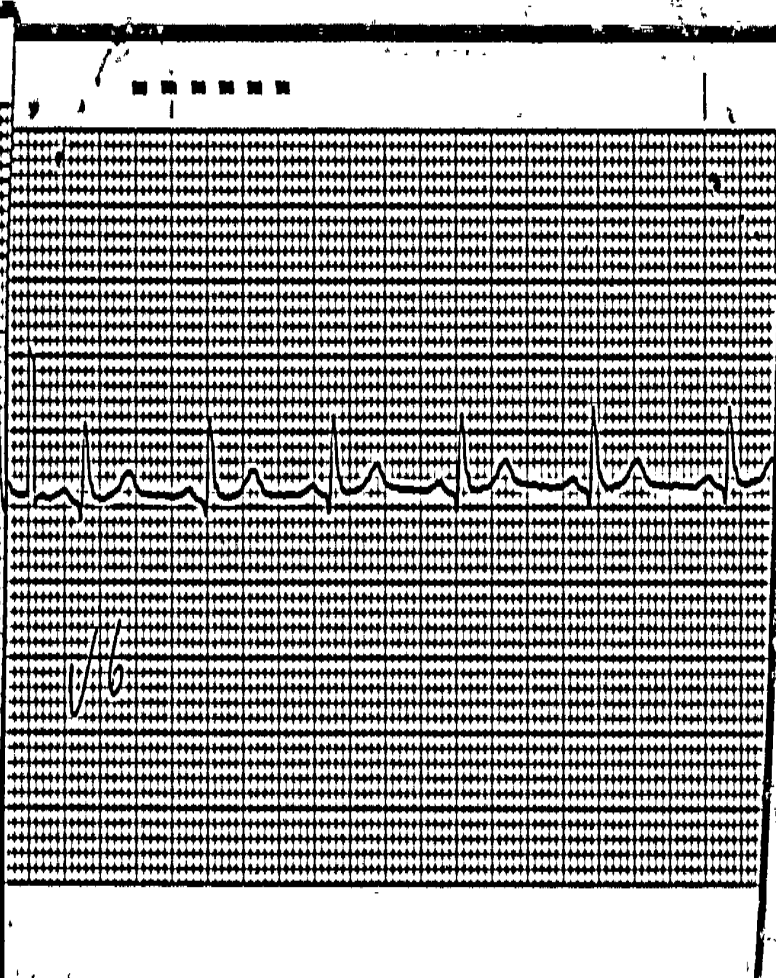
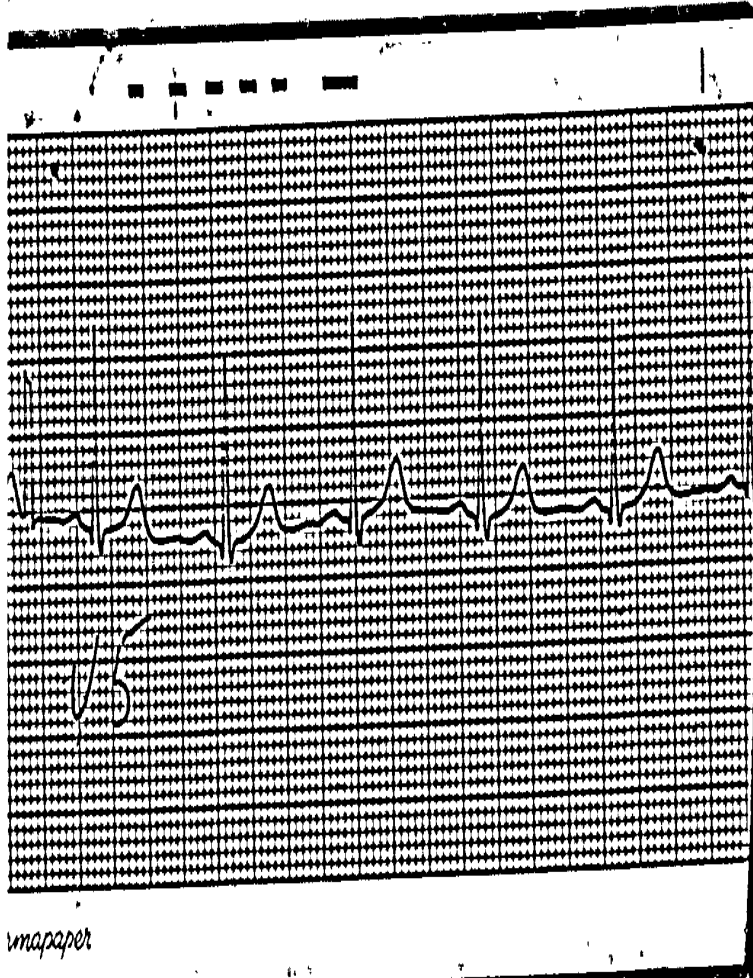
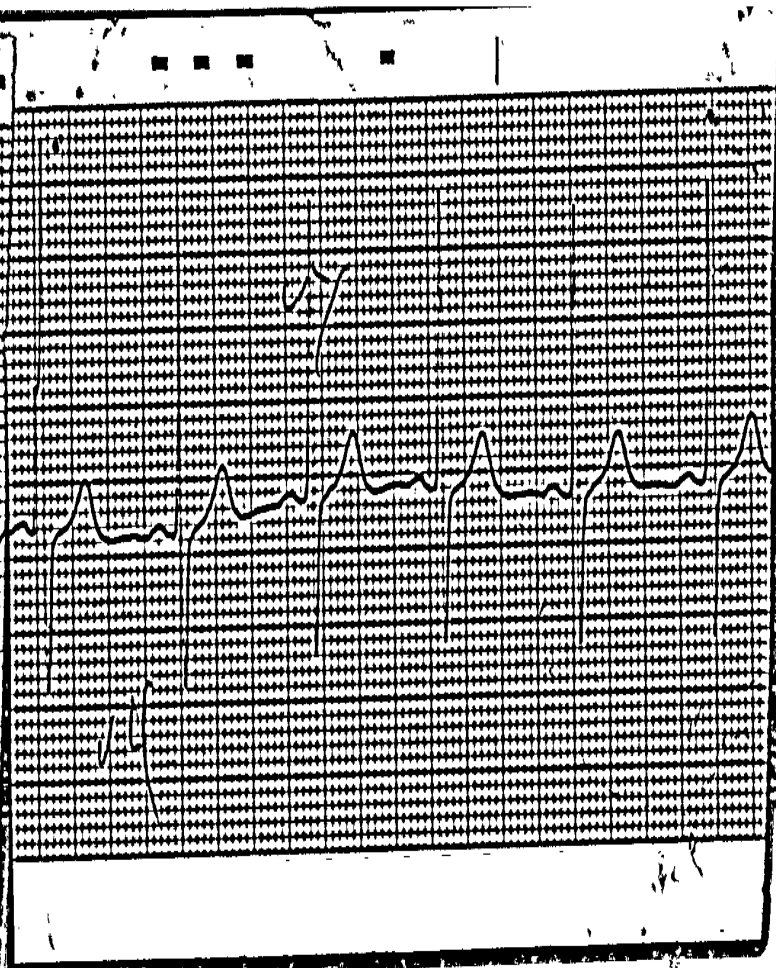
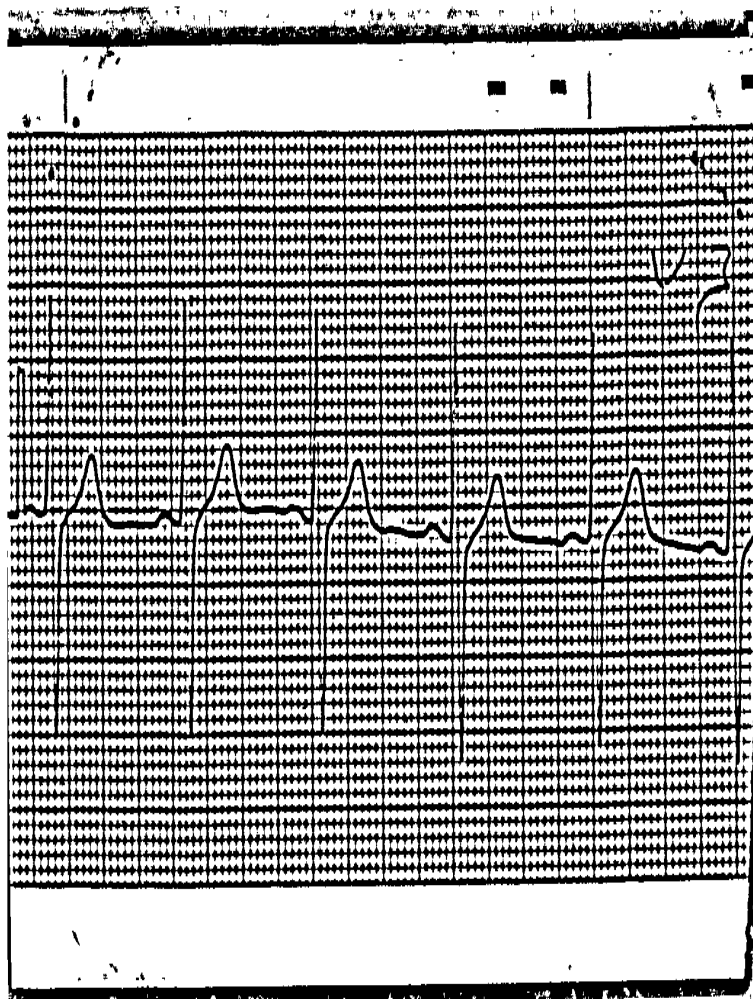
11-22-60













Report of Exit and Separation  
FD-193 (Rev. 9-6-72)

TO: Mr. Callahan

FROM: Mr. [redacted]

DATE: 1/3/73

Name of Employee

James F. Bland

EOD Date

8/25/41

Title

Inspector

Last Local Address

4310 Rosedale Ave, Bethesda, Md. 20014

Forwarding Address (include Zip Code, if known)

Same

Cease-active-duty Date (hour and last day physically at work)

Jan. 26, 1973, at 5:30 pm (retirement effective 1/29/73 at 5:30 pm)

Working Hours (include workweek if other than Monday - Friday)

9 to 5:30, Monday thru Friday

Interview

Title

Executive Assistant to Acting Director

LEAVE DATA

Leave

☐ 4

☐ 6

☒ 8

Hours of accrued leave employee will have at close of business on cease-active date which is the last hour of the last day physically at work. Do NOT add accruals if effective date of separation is at a later date.

AL 492 SL 2061

Hours of annual leave carried over at beginning of current leave year.

Leave to be used prior to cease-active-duty date 8 hrs. to be taken 1/29/73

AL 484

Note: Unless an emergency situation, only current accrued annual leave in excess of maximum accumulation (240 or more hours) can be granted through close of business on the effective date of separation.

If employee has been granted advanced leave, indicate number hours owed at close of cease-active-duty date. AL 03 SL 0

READ BEFORE INTERVIEWING

Purposes:

1 - Obtain real, motivating reason for resignation

2 - Save a valuable employee if possible

3 - Serve as basis for (1) information supplied by Bureau upon request by State Unemployment Compensation Boards, (2) accurate analysis of turnover, (3) determining necessary or desirable organizational improvements, and (4) permitting a recorded recommendation regarding future reinstatement.

When and Where Conducted: As promptly as possible after receipt of resignation in adequate privacy with adequate time.

By Whom Conducted: Clerical employee - by immediate Agent supervisor; Agent - by SAC or in his absence by official acting for him.

Reasons Given for Separation: First, carefully weigh reasons for resignation shown in employee's letter and developed during exit interview to determine real motivating reason for resigning. If such reason was because of employee's desire to leave Bureau job, leave city where assigned, or otherwise just return home, execute a reason under Item A below. (For instance employee might show resigning to seek employment closer to home meaning motivating reason is to return home, not seek other employment.) If other, execute reason(s) under B. Explain all under Item L. Comments.

A

1. ☐ Return to Home Area
2. ☐ Homesick for Family and Friends
3. ☐ Unable to Adjust to City Environment
4. ☐ Living Costs
5. ☐ Transportation
6. ☐ Housing
7. ☐ Concern Over City Life (Crime, etc.)

8. ☐ Dissatisfaction With Assignment
9. ☐ Dislike of Production or Work Standards
10. ☐ Dislike Performing Overtime
11. ☐ Dislike Shift Assignment
12. ☐ Working Conditions - Physical Plant (i.e., no air conditioning)
13. ☐ Working Conditions (other than physical plant)
14. ☐ Lack of Promotional Opportunity

B

15. ☐ Military
16. ☐ Other Employment (Show this as reason only where employee otherwise satisfied with Bureau employment) Check both reason and type.

Reason:

☐ a. Promotional

☐ b. Enter different field

Type:

☐ a. Other Government employment

☐ b. Private industry

☐ c. Self-employment

17. ☐ Poor Health (Self)
18. ☐ Poor Health (Family)
19. ☐ Marriage
20. ☐ Maternity
21. ☐ Attend School; ☐ locally; ☐ other area

22. ☐ Change of Residence (husband or family moving)
23. ☐ Housewife or Child Care
24. ☐ Resignation requested
25. ☐ Removal  
☐ All involuntary separations  
☐ Abandonment of position - failed to submit resignation
26. ☐ Resigned during administrative inquiry
27. ☒ Retirement  
☒ Optional (including liberalized); give reason
28. ☐ Disability
28. ☐ Other (Explain under comments)

C. 1. Did employee violate terms under transfer agreement, 3-34b. ☐ Yes ☒ No; Foreign Assignment, FD-382 ☐ Yes ☒ No; Government Employees Training Act, FD-375 ☐ Yes ☒ No; transportation expense agreement, 12-69? ☐ Yes ☒ No

2. Did employee resign prior to expiration of any agreement made not covered in #1 such as to remain a specific period following initial appointment or following special training? ☐ Yes ☒ No If yes, specify agreement(s) involved and explain under Item L. Comments.

3. If FBIHQ clerical employee, did employee resign within 100 days of entrance on duty? ☐ Yes ☐ No

4. If answer to either question 1 or 3 above is "yes":

a. ☐ Advise employee any money due being held in abeyance until determination is made as to any indebtedness.

b. ☐ Advise Bureau of resignation, Attention Voucher-Statistical Section on

by ☐ teletype ☐ radiogram ☐ telephone

D. Does employee have any specific suggestion for improving the organization? ☒ No ☐ Yes If so, explain. (In the event the suggestion is new, it should be presented to the Bureau for consideration. If previously considered by Bureau and adopted or turned down the employee should be so advised.)

E. Has employee been cautioned about divulging confidential information acquired in job? ☒ Yes ☐ No Failure to abide by this provision violates Department of Justice regulations and may violate certain statutes providing maximum severe penalties of a \$10,000 fine or 10 years' imprisonment, or both.

F. All Government property documents made or received while in the FBI's service, including FBIRA card, will be collected on date employee ceases active duty. Exceptions: commendation, censure or promotion letters or copies of expense vouchers, etc.).  
☒ Yes ☐ No

G. If employee is resigning for maternity purposes, appropriate block must be marked:

☐ Employee does not desire payment for accrued sick leave as she will not be incapacitated for duty after indicated cease-active-duty date.

☐ Doctor's certificate attached indicating (1) employee is incapacitated for duty after indicated cease-active-duty date, and (2) expected date of confinement.

☐ Doctor's certificate attached indicating employee can safely continue working to date specified. (Applicable to those cases where the employee desires to work up to less than 6 weeks before expected date of delivery.)

H. Was employee instructed that if enrolled in a health benefits plan his coverage continues temporarily for 31 days from the termination of his health benefits enrollment and during that time employee is eligible to convert to an individual contract? If employee converts to an individual plan there is no waiting period for any benefits. ☒ Yes ☐ No

I. Was employee instructed to furnish forwarding address to all firms with which accounts or business transactions have been established? ☒ Yes ☐ No Was employee urged to satisfactorily pay his (her) just debts? ☒ Yes ☐ No

J. Was employee advised that any inquiries concerning his FBI employment should be directed to FBI, Justice Building, Washington, D. C. 20535, as such information is not available elsewhere? ☒ Yes ☐ No

K. The retiring employee is qualified and desires the ☐ 20-year plaque ☐ 25-year plaque ☒ 30-year plaque.

L. Comments: (Please state specific individual reason in explanation of check on other side of form. Set out if it can possibly be obtained, (1) re employment - information as to where the other employment will be, its nature, the salary that will be paid and when it will begin; (2) re school - date employee proposed to enroll.)

Employee was reassigned as SAC Albany. After serious consideration, employee decided to request retirement. He realized the SAC assignment would require full-time presence in Albany region. However, he has ailing parents and in-laws in Missouri and Kentucky to whom he must devote considerable time, and he therefore does not feel he can devote full time to both responsibilities, although he appreciates the confidence in him expressed by the Bureau in offering him the assignment.

M. Has there been any substantial change in employee's work performance record since submission of last performance rating?  
☒ No ☐ Yes If "Yes" give current adjective rating and basis for change.

N. Recommendations re reinstatement: ☒ Yes ☐ No (If No, explain why.)

JAN 4 2 07 PM '73

FBI  
REC'D-CALHAN

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG <input type="checkbox"/> YES <input type="checkbox"/> NO	
CLINICAL IMPRESSION						MEDICATION b6 b7C		<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input type="checkbox"/> ROUTINE	<input type="checkbox"/> AMBULANT
AGE 41	SEX	RACE	HEIGHT 69"	WEIGHT 170	B. P.	SIGNATURE OF WARD PHYSICIAN CAPT MC USN		DATE 9-9-58 1100	
RHYTHM Normal sinus						AXIS DEVIATION (QRS) 0°		RATES AURIC. VENT. 75	
INTERVALS PR .16 QRS .06 QT						P WAVES			
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

1. Within normal limits.
2. No significant change since 5-31-57.

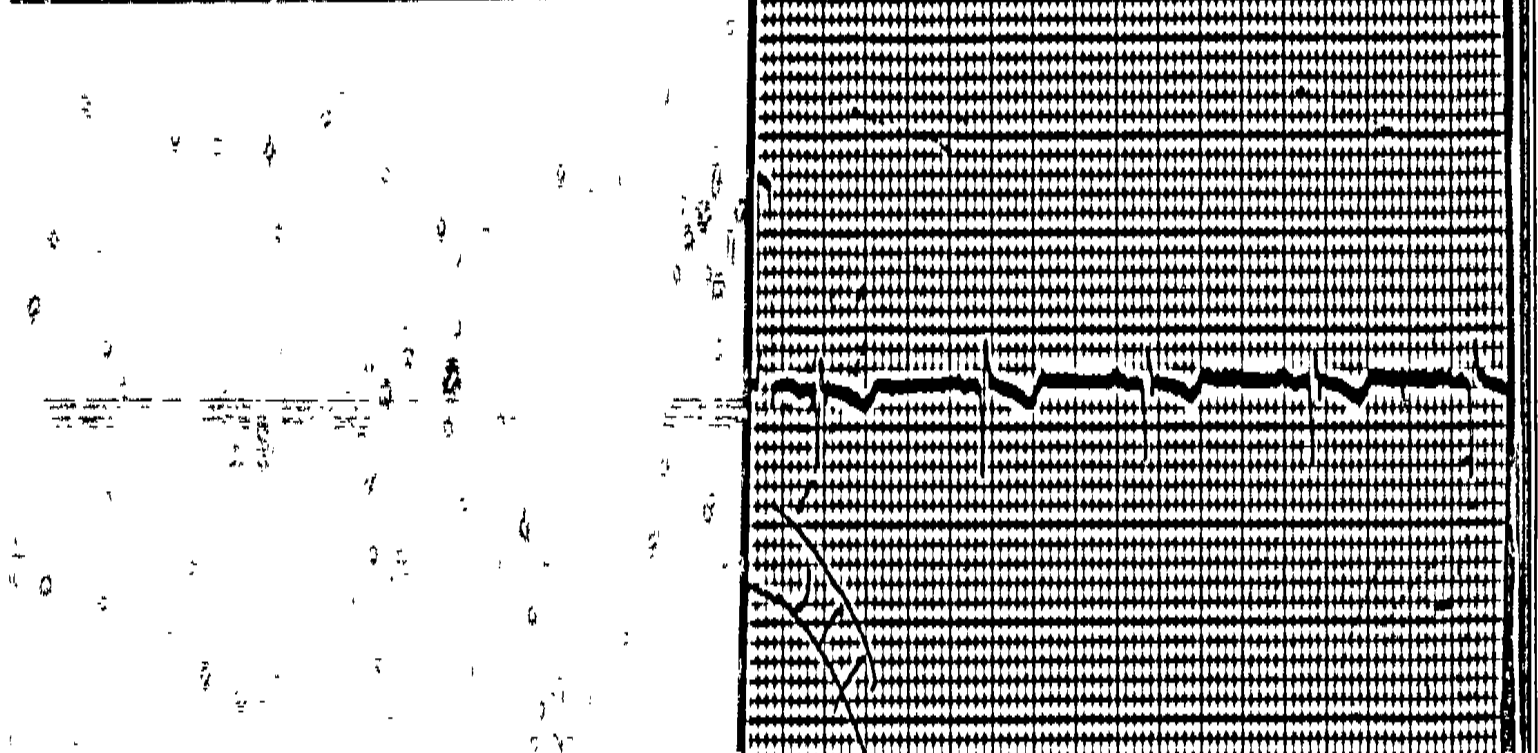
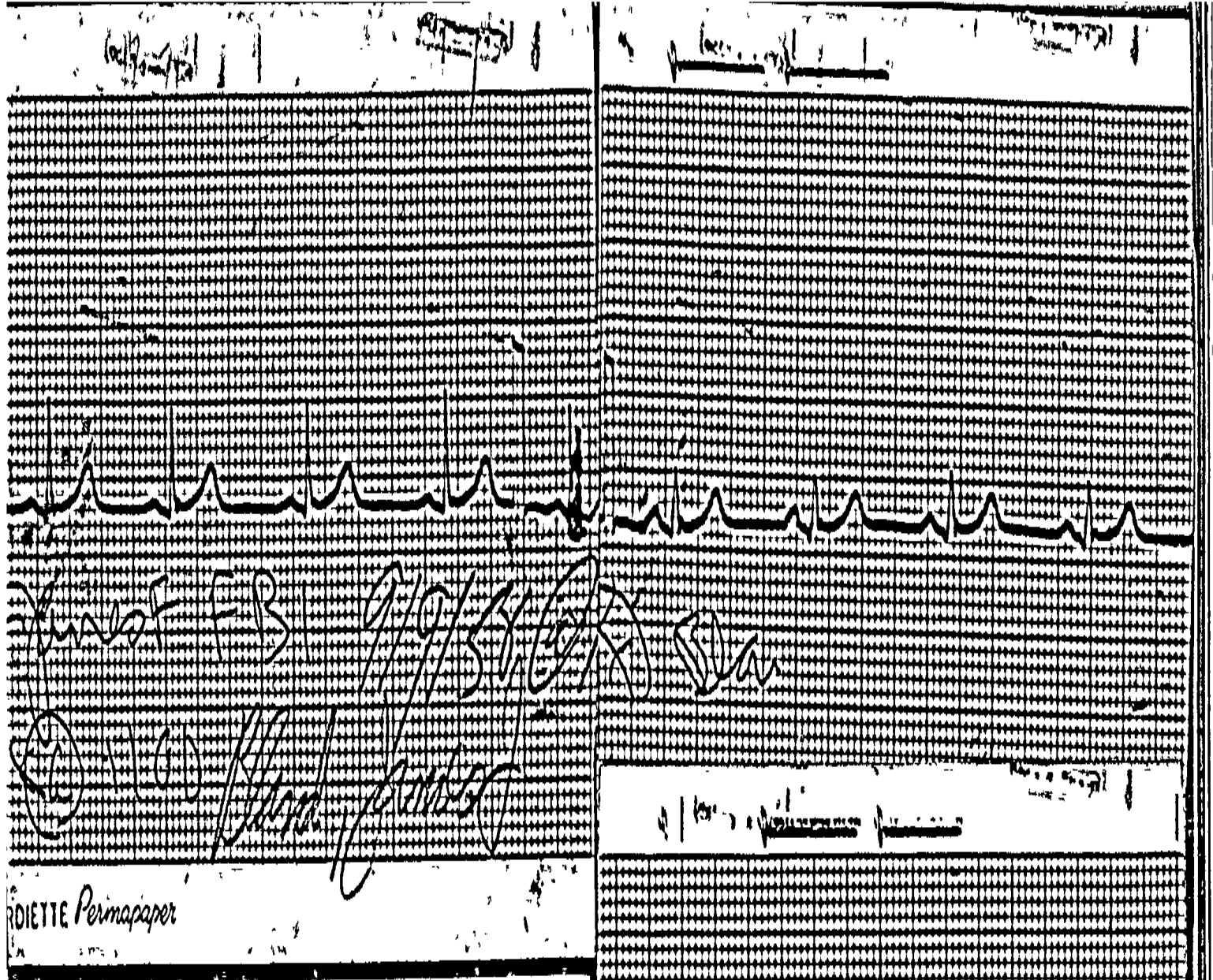
b6  
b7C

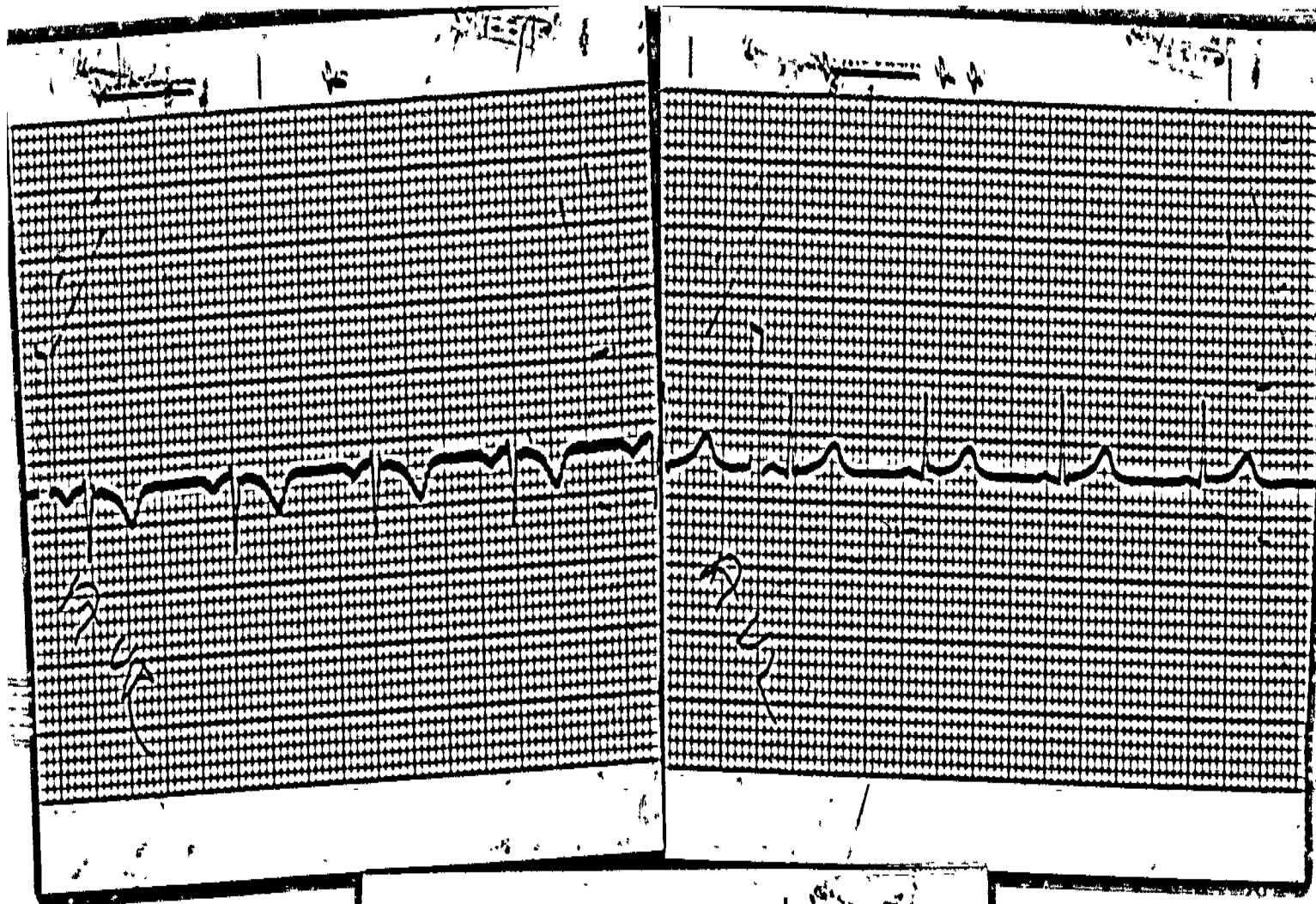
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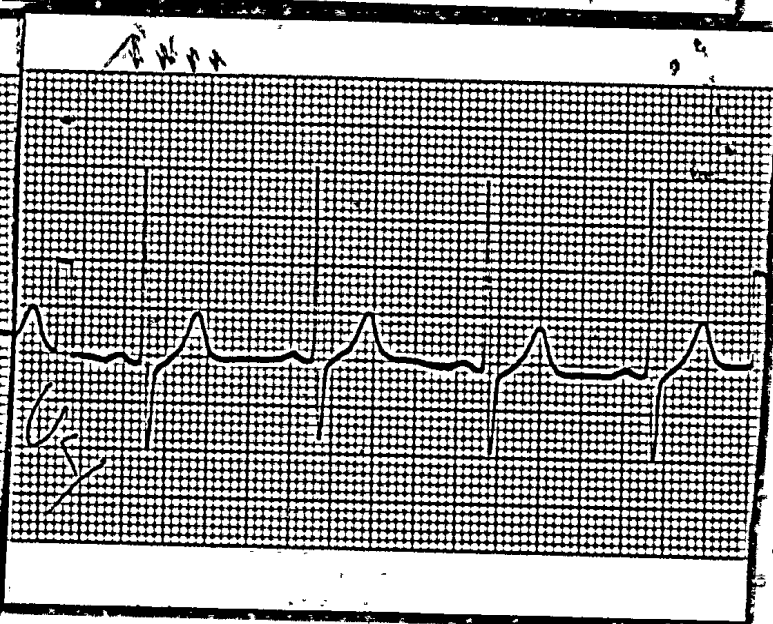
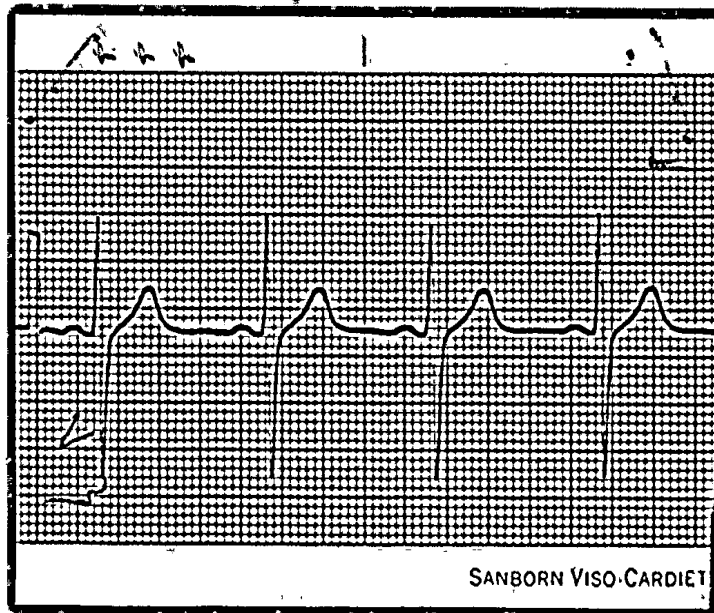
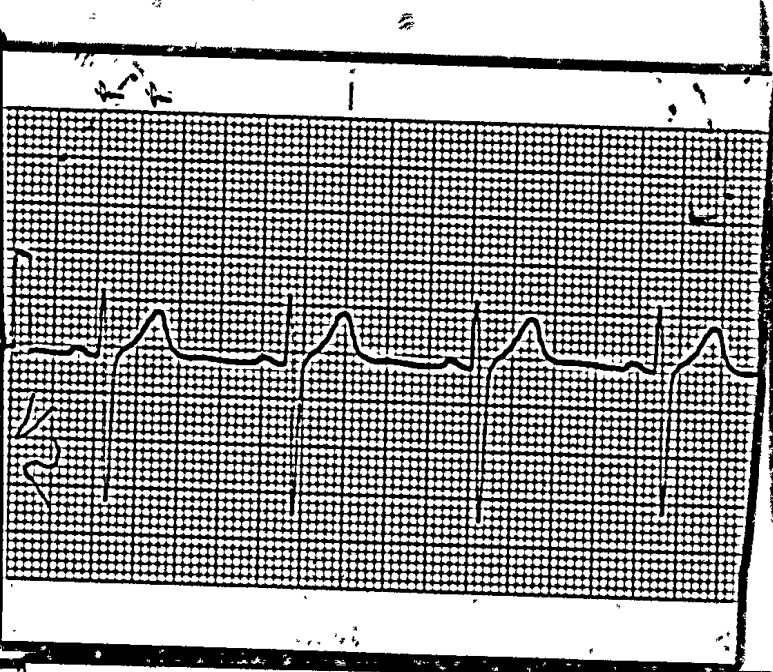
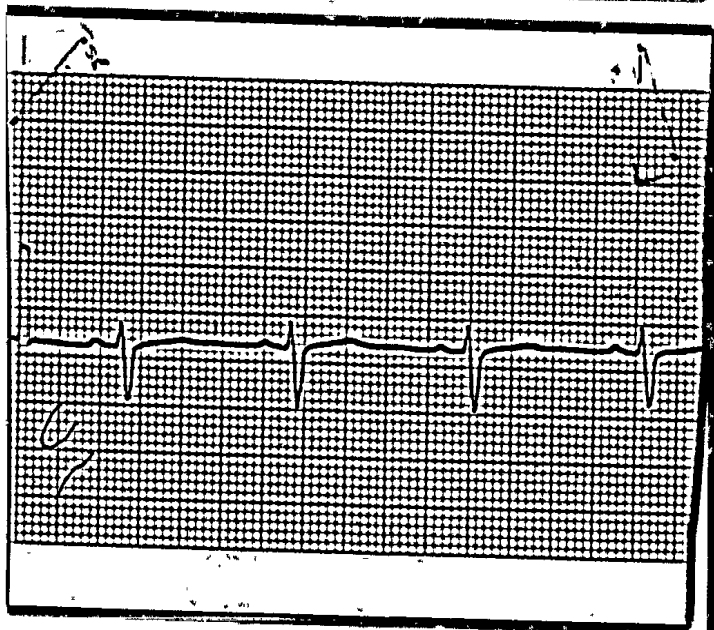
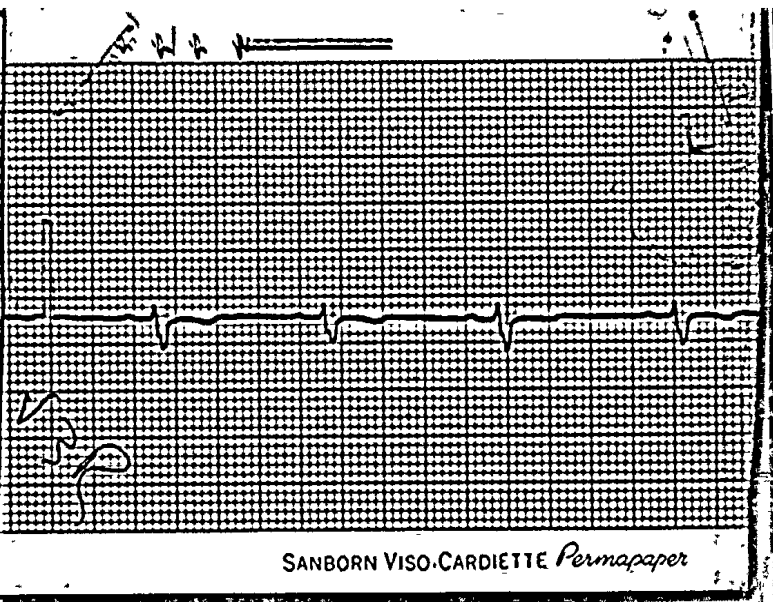
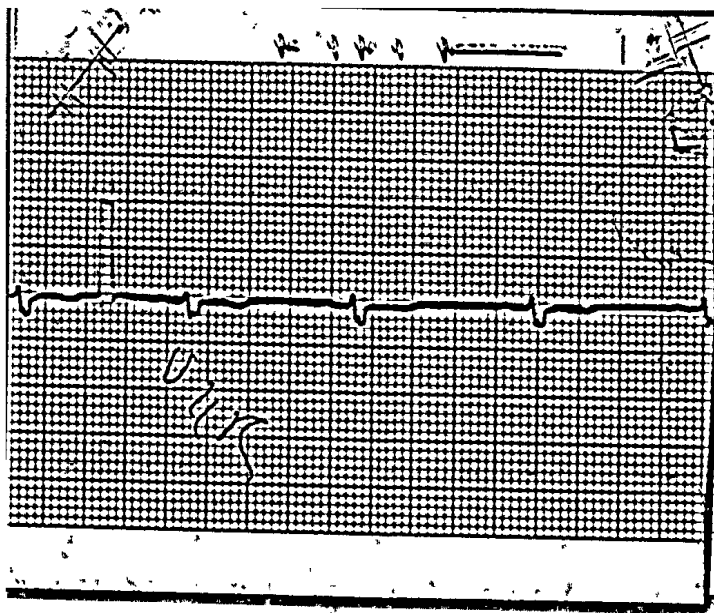
NO. ECG 26899	SIGNATURE rab.	TITLE LT MC USN	DATE 9-11-58
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO. St. Clinic

BLAND, JAMES F. FBI.  
USNH NMMC, BETHESDA, MD.

ELECTROCARDIOGRAPHIC RECORD  
Standard Form 520  
(Attach tracings to S. F. 507)



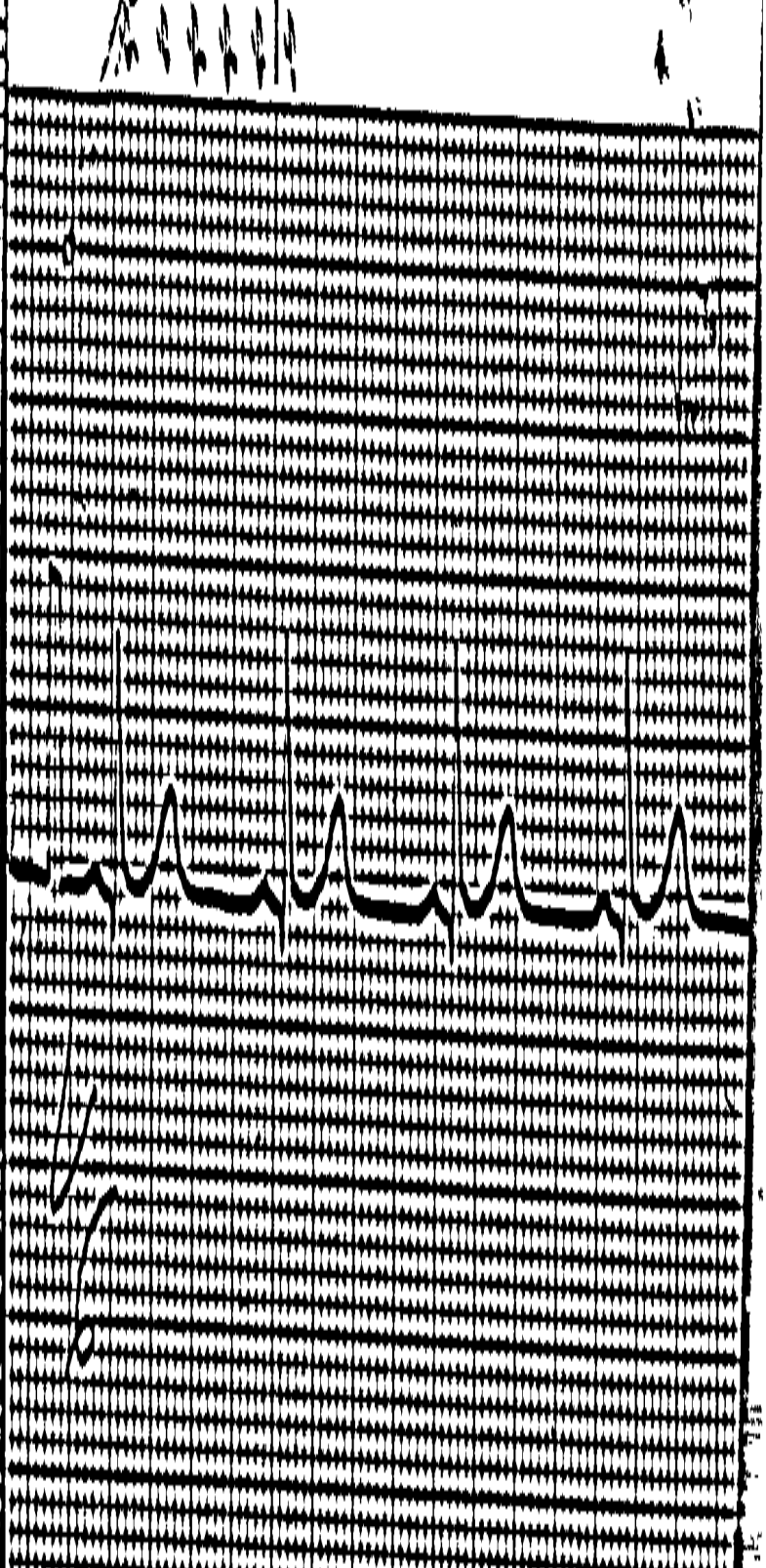
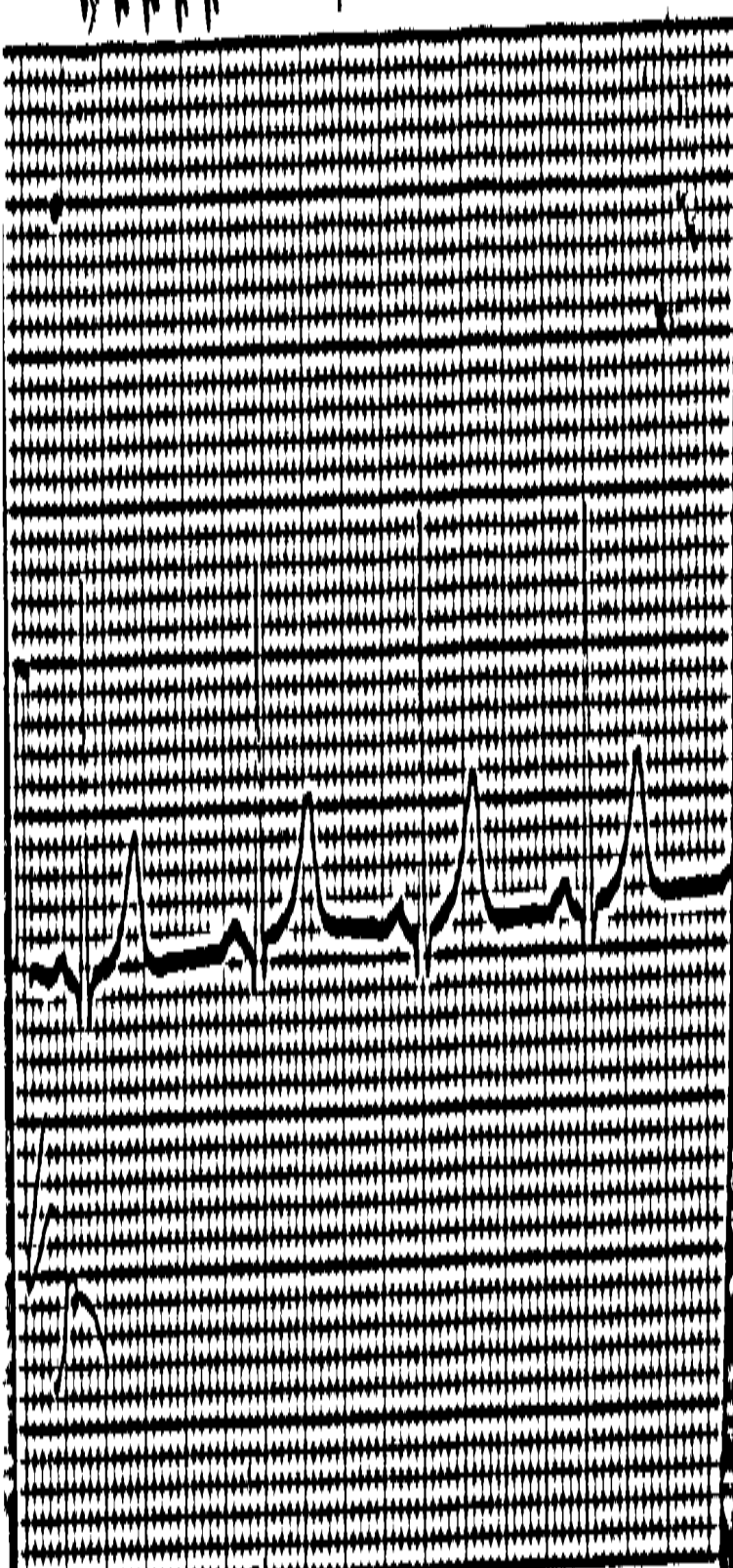






4-4-4-4

4-4-4-4



ARDIETTE Permapaper  
115-40

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD				PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION				<input type="checkbox"/> YES <input type="checkbox"/> NO	
										<input type="checkbox"/> EMERGENCY <input type="checkbox"/> ROUTINE	
AGE 40	SEX M	RACE	HEIGHT 69	WEIGHT 180	B. P.	SIGNATURE OF WARD PHYSICIAN Dr. _____				DATE 9-24-57@1b7C0	
RHYTHM Normal sinus						AXIS DEVIATION (QRS) 30°				RATES AURIC.    VENT.    75	
INTERVALS PR .13    QRS .07    QT .32						P WAVES					
QRS COMPLEXES											
RS-T SEGMENT						T WAVES					
UNIPOLAR EXTREMITY LEADS (Specify)											
PRECORDIAL LEADS (Specify)											

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

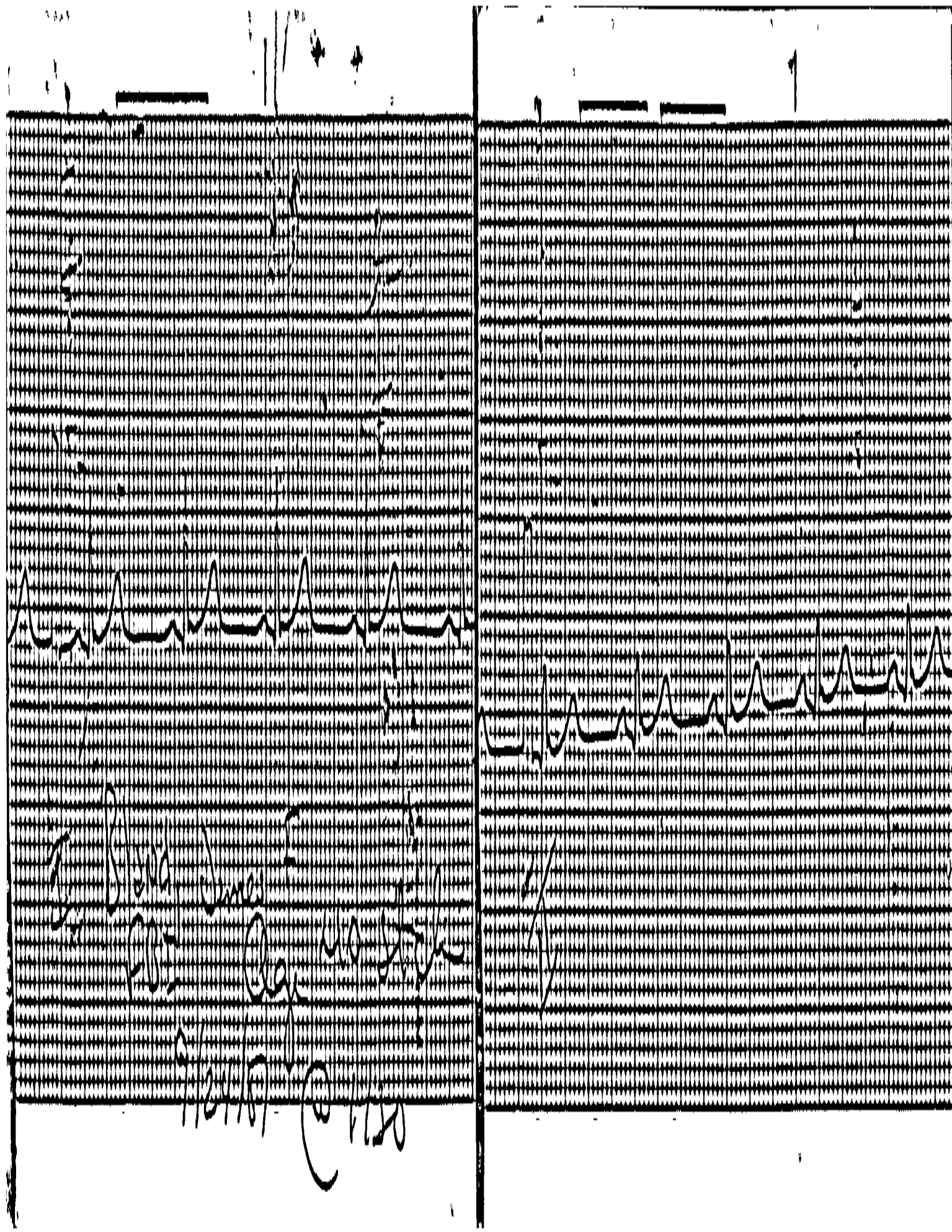
1. Within normal limits

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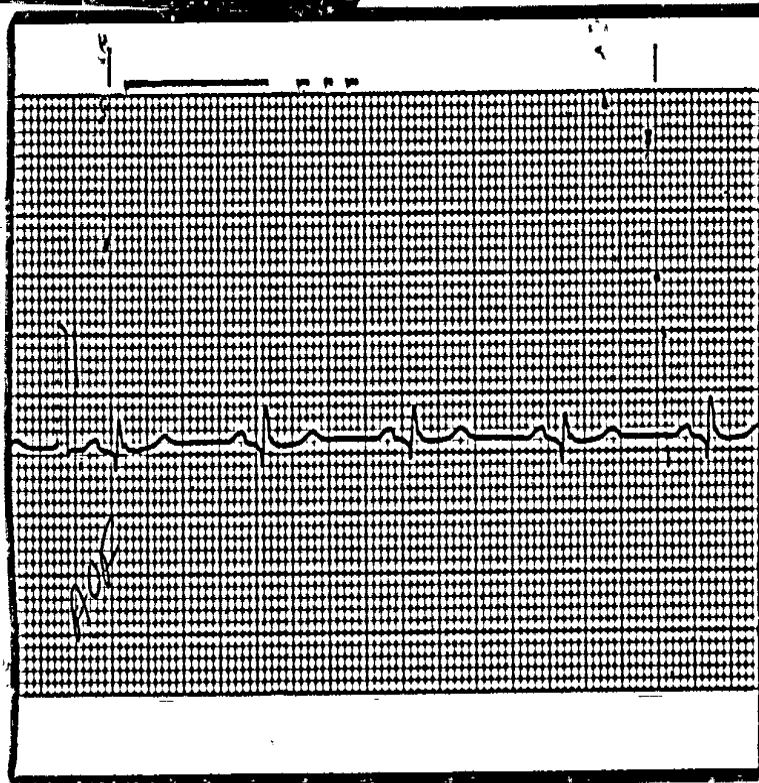
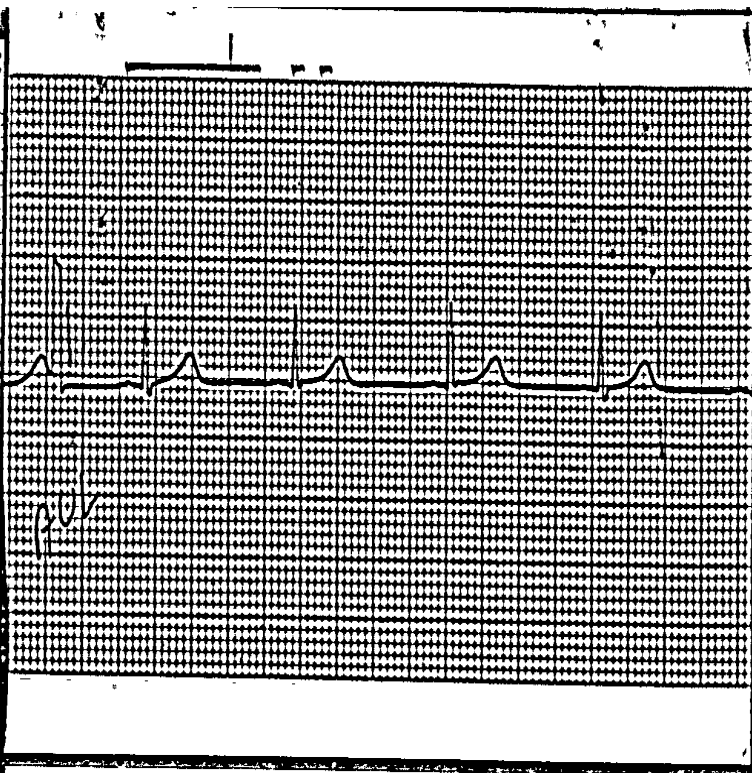
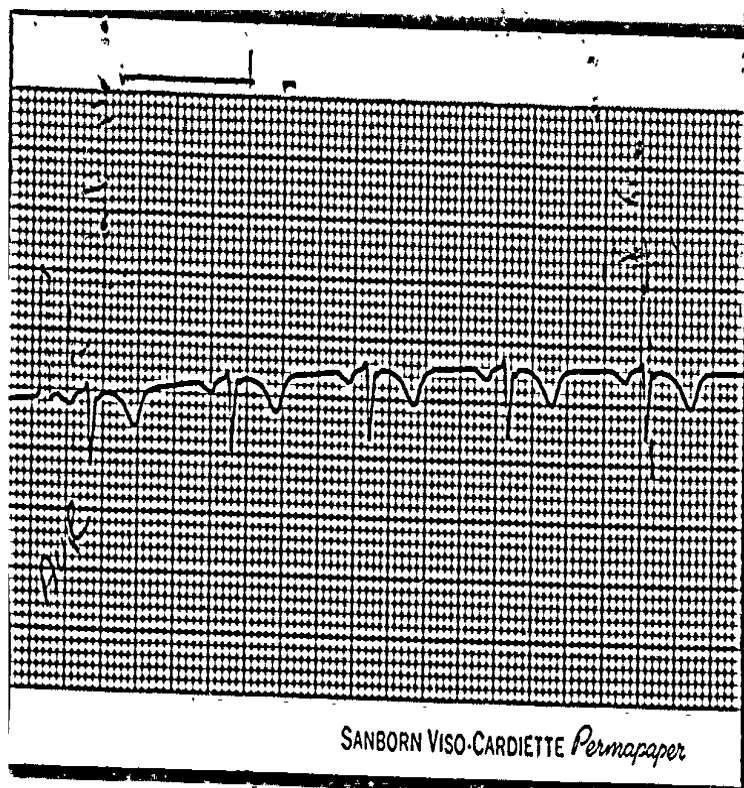
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PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)  BLAND, JAMES F. .I. USNH NMMC BETHESDA MD.		REGISTER NO.	WARD NO. ST CL

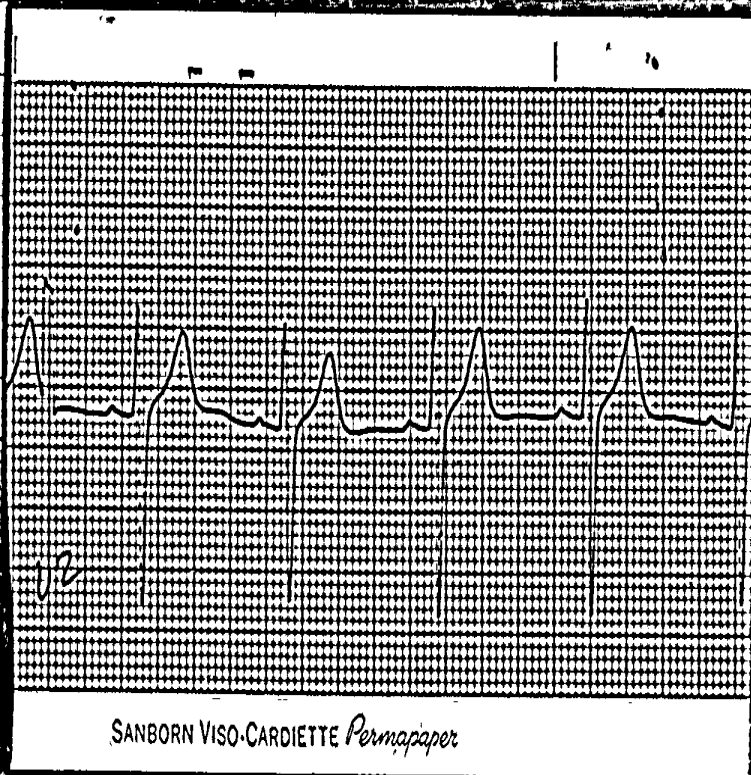
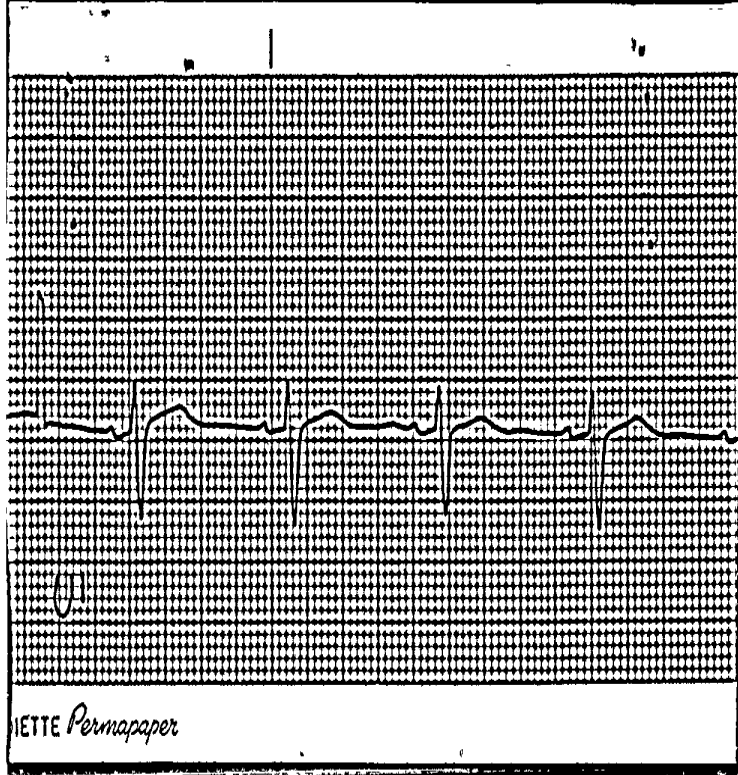
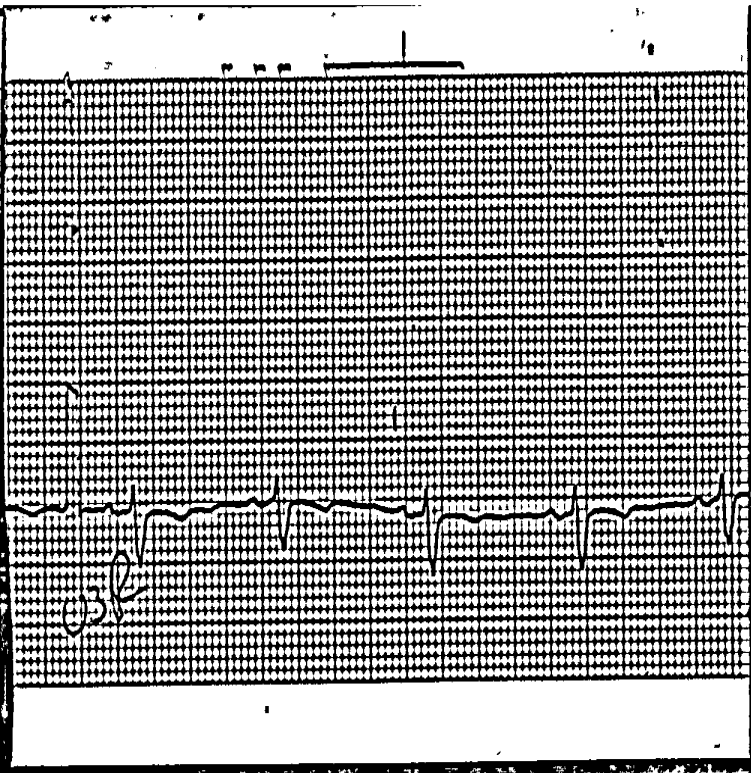
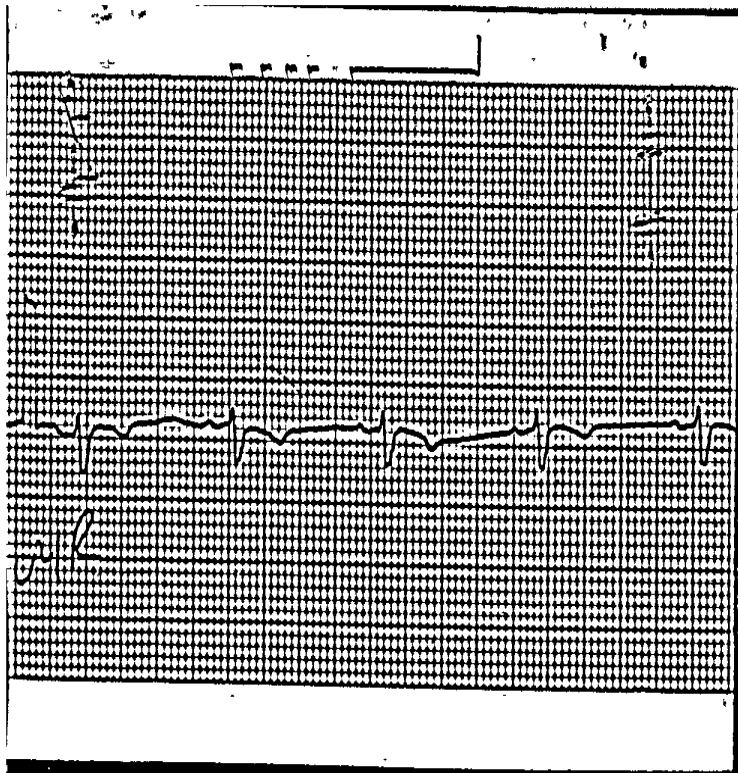
ELECTROCARDIOGRAPHIC RECORD  
Standard Form 520  
(Attach tracings to S. F. 507)





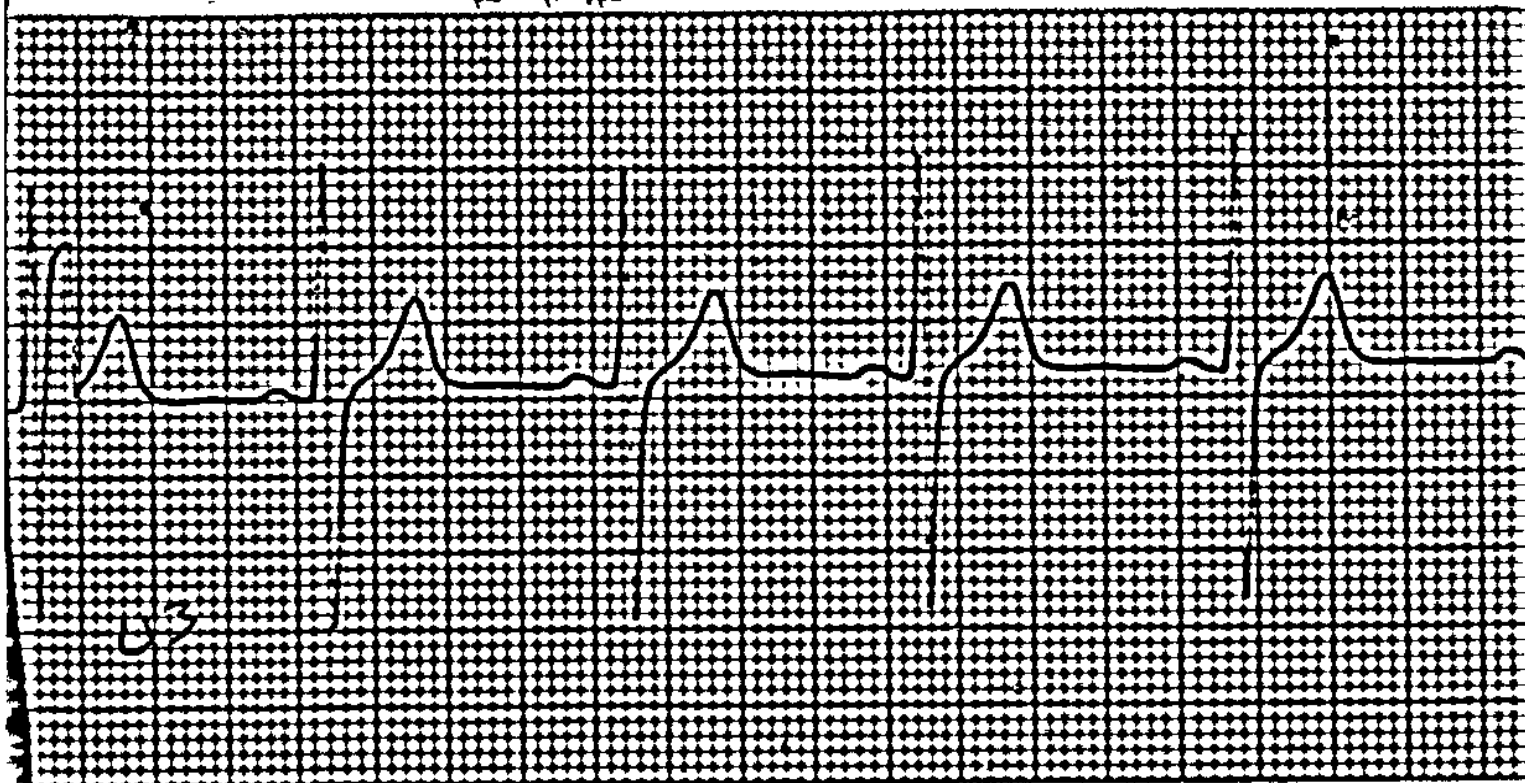
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Rate 100 bpm  
Normal ECG



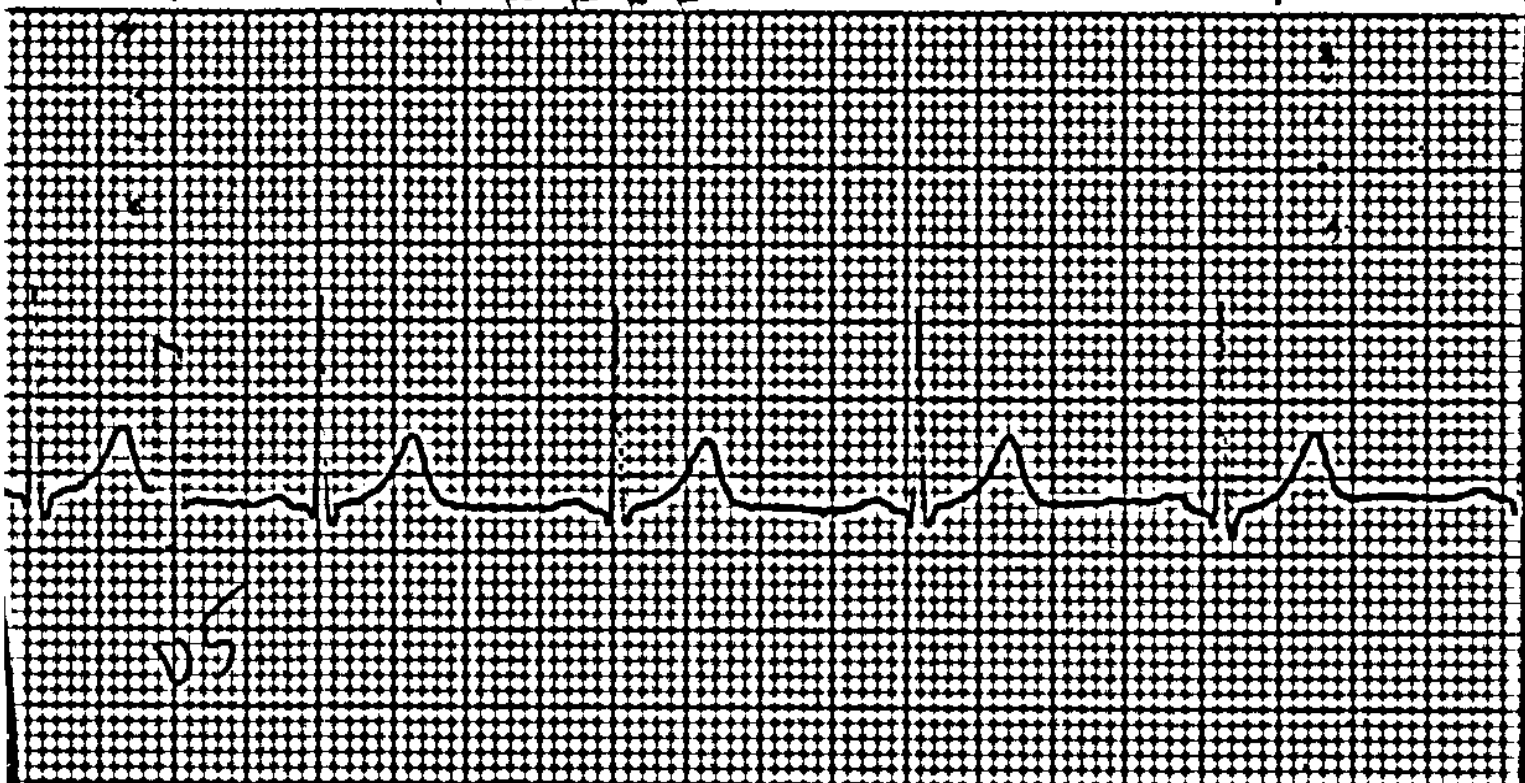


ETTE Permapaper

SANBORN VISO-CARDIETTE Permapaper



SANBORN VISO-CARDIETTE *Permapaper*



CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION b6 b7C		<input type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
29	M		69 1/2	184		DR. [REDACTED]			9-10-56 @ 1055
RHYTHM						AXIS DEVIATION (QRS)		RATES	
NORMAL SINIS						+ / 200		AURIC.    VENT. 86	
INTERVALS						P WAVES			
PR .16    QRS .08    QT .34									
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

1. WITHIN NORMAL LIMITS.
2. NO CHANGE SINCE PREVIOUS TRACING.

b6  
b7C

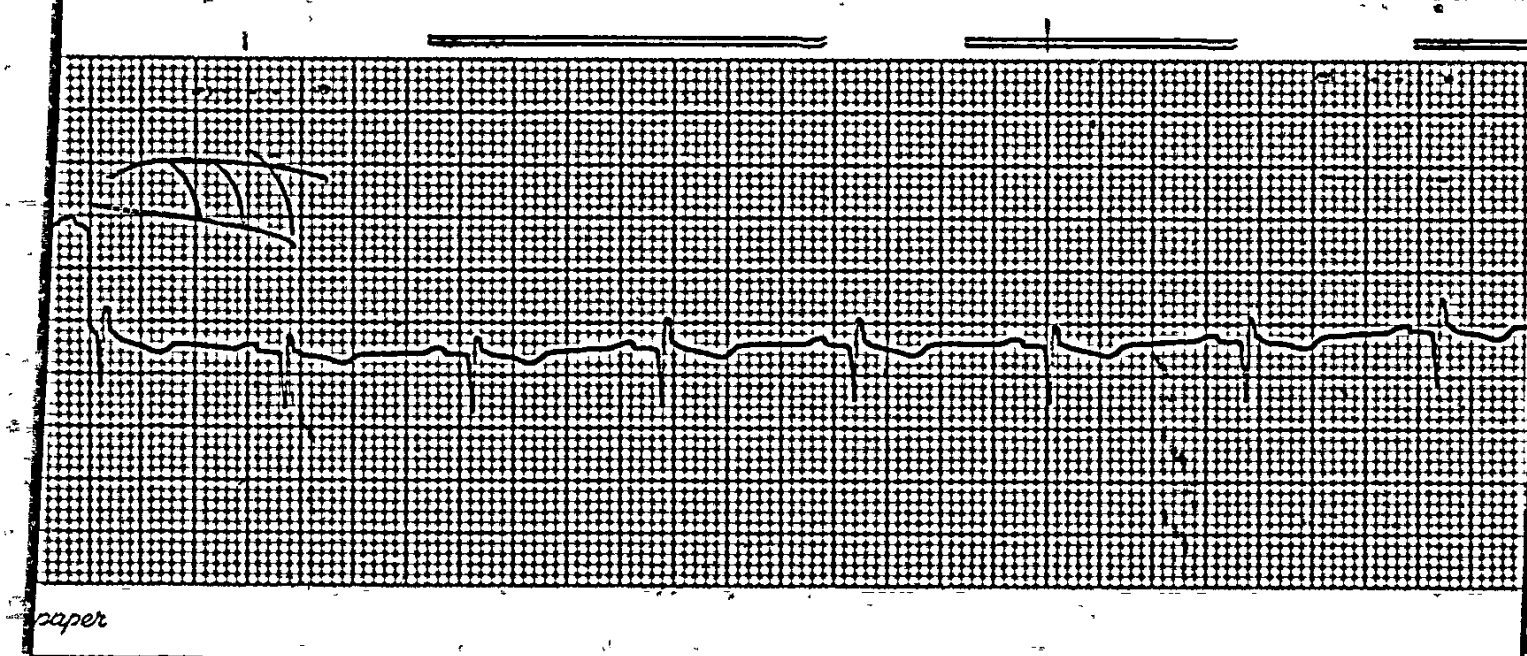
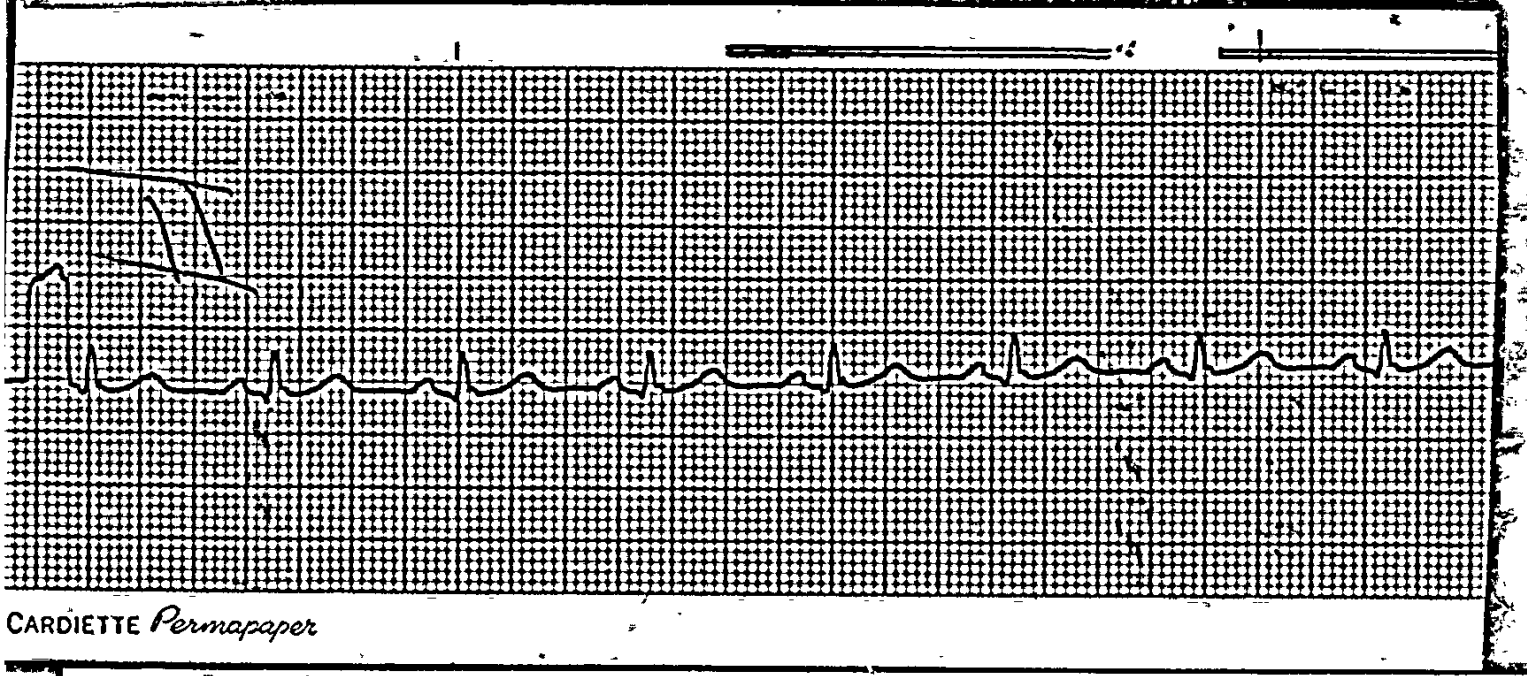
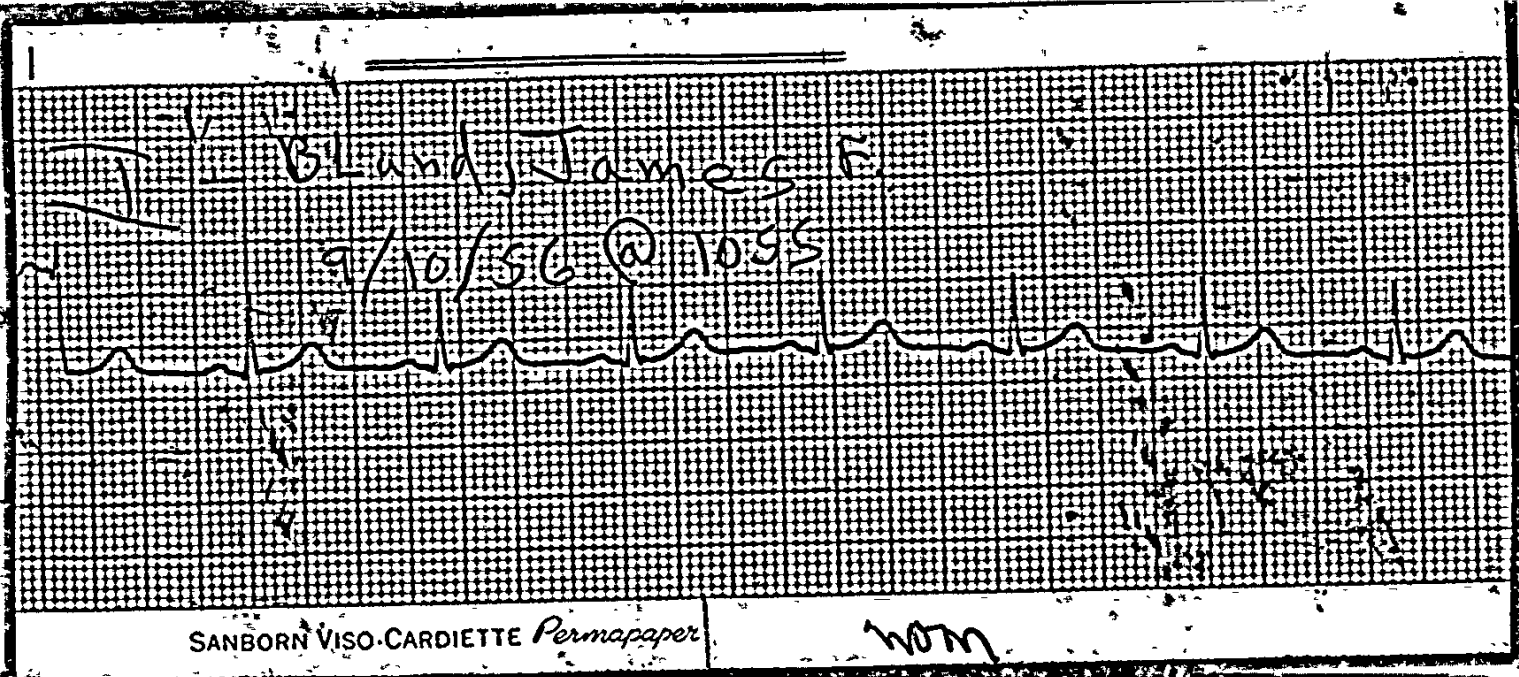
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NO. ECG 13833	TITLE LT MC USNR
DATE 9-11-56	
PATIENT'S IDENTIFICATION (For written entries give: Name—last, first, middle; grade; date; hospital or medical facility)	REGISTER NO.    WARD NO.
ST CLINIC	

BLAND, JAMES F.  
FBI  
USNH BETHESDA MD.

803

ELECTROCARDIOGRAPHIC RECORD  
Standard Form 520  
(Attach tracings to S. F. 507)





41-112

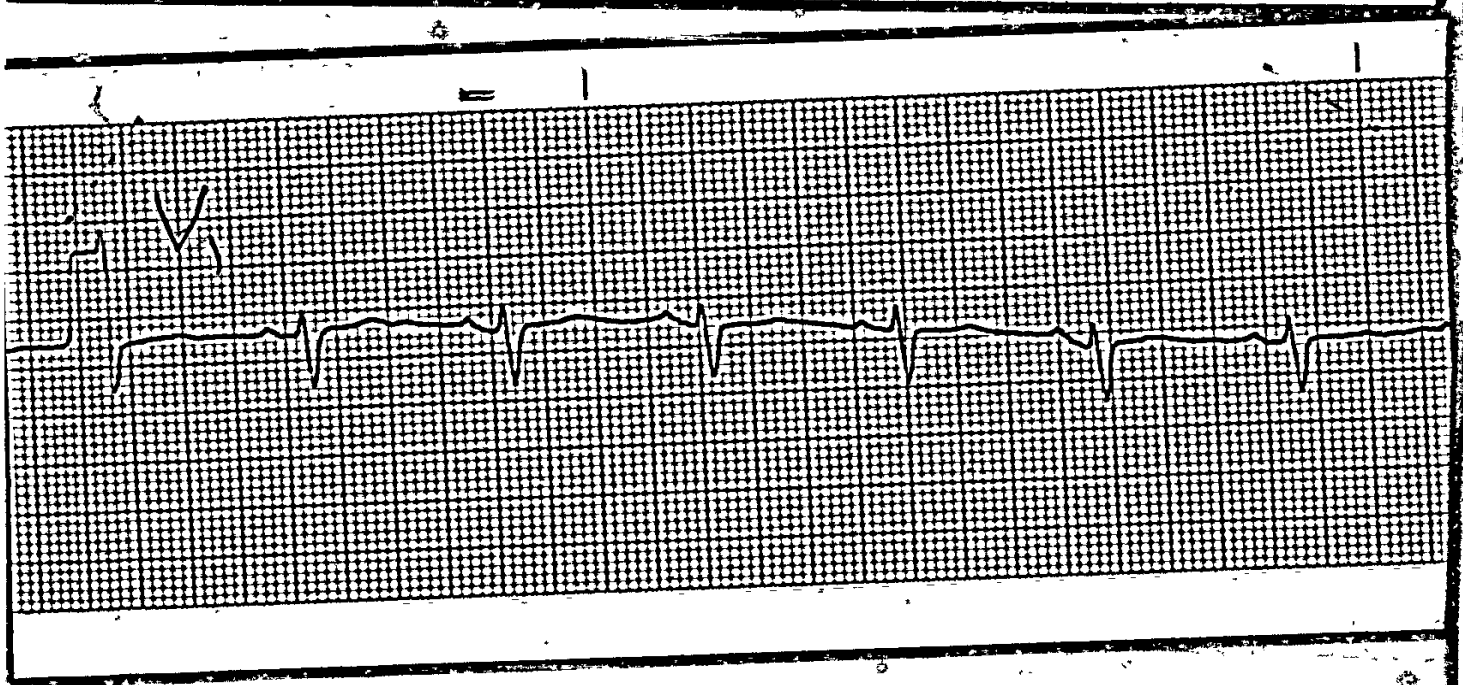
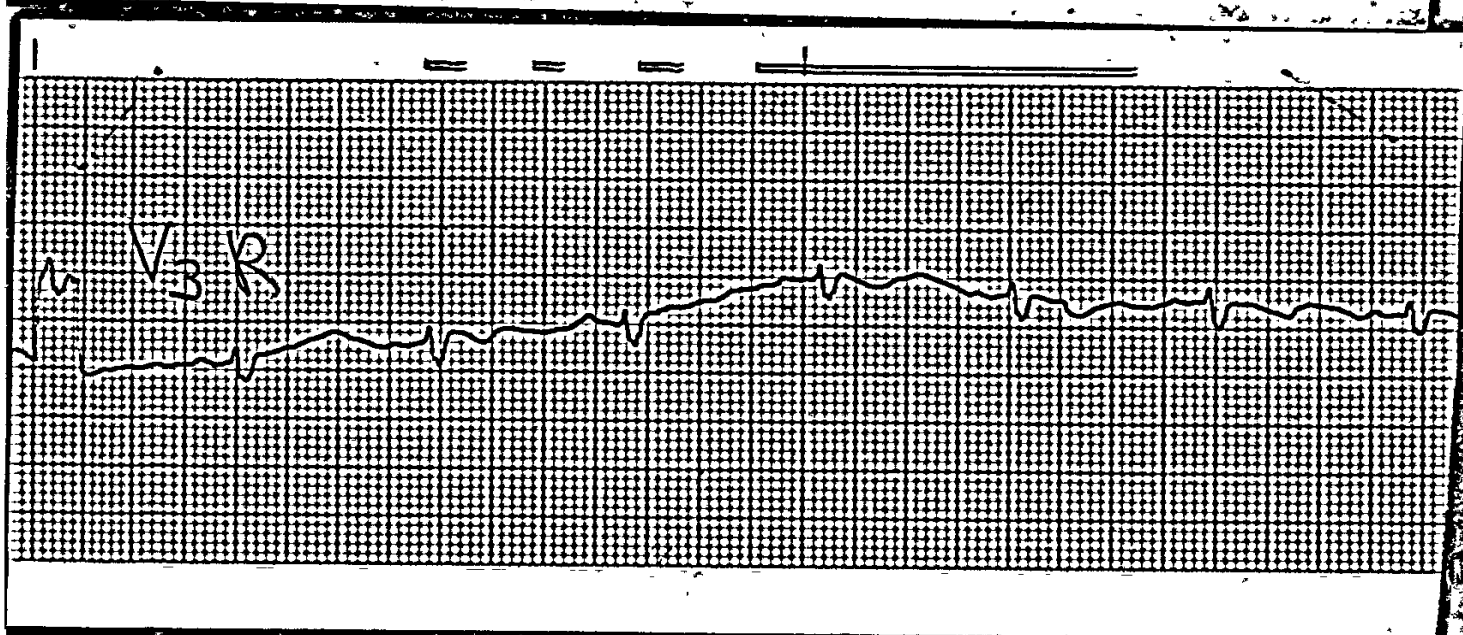
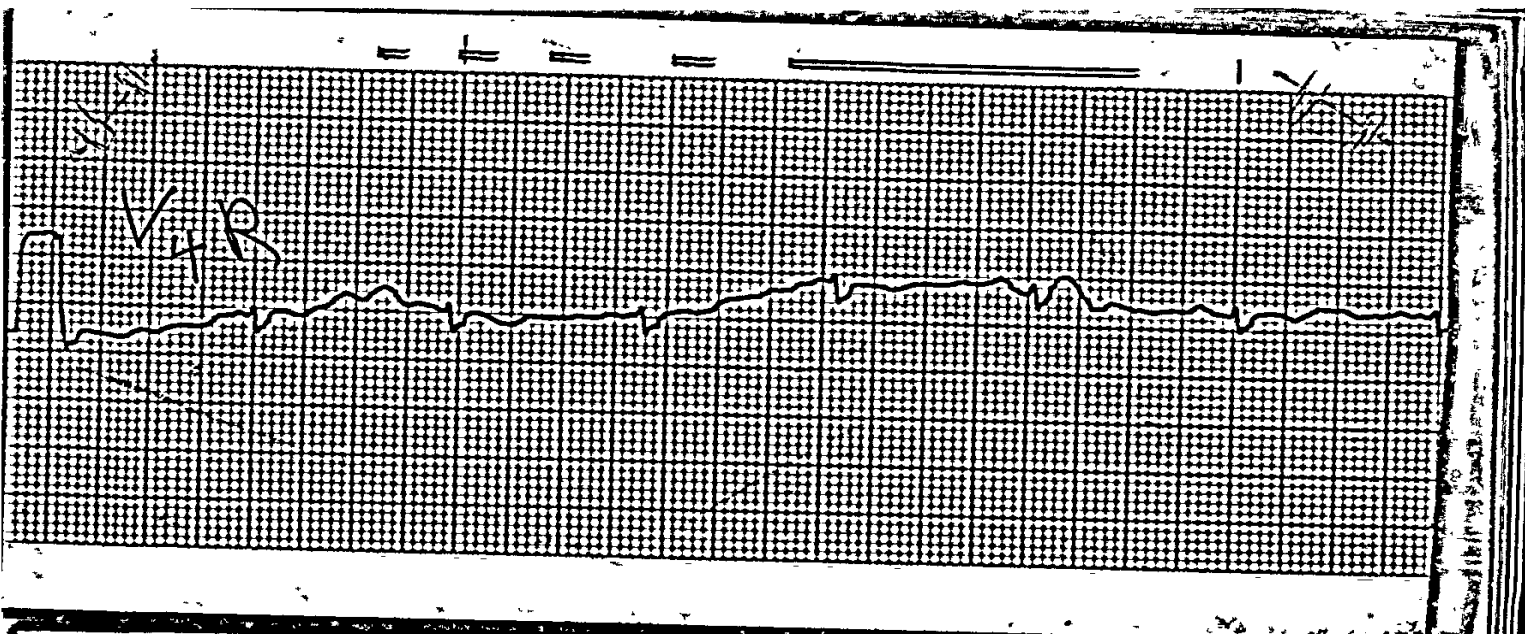
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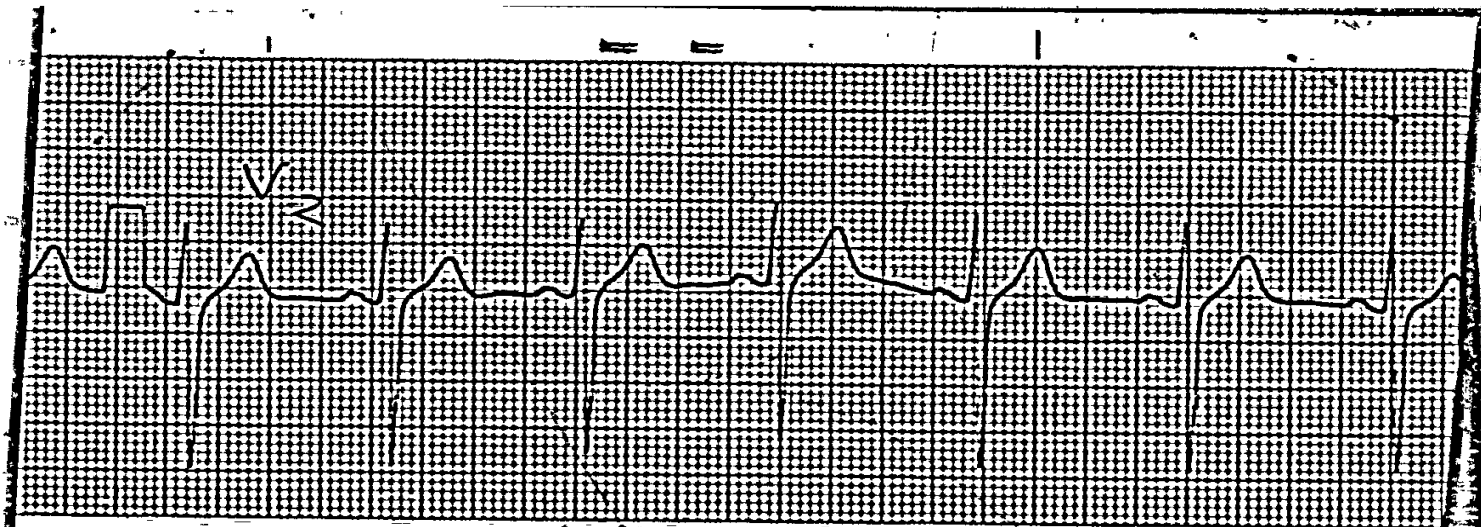
SANBORN VISO-CARDIETTE Perm

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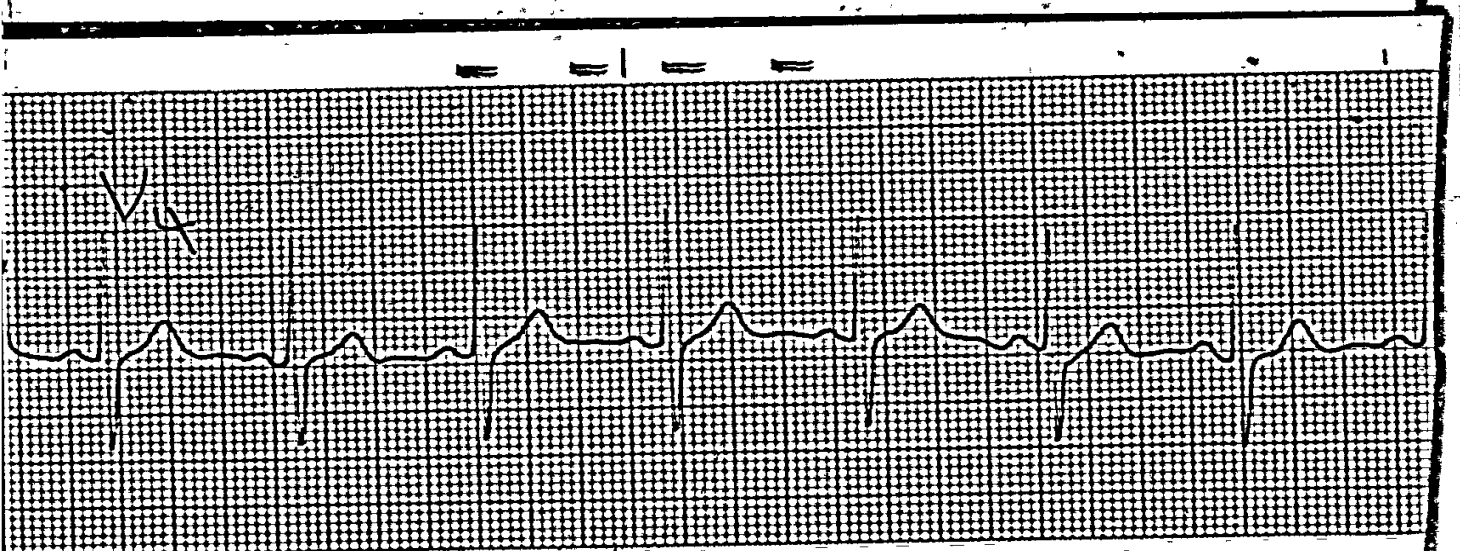
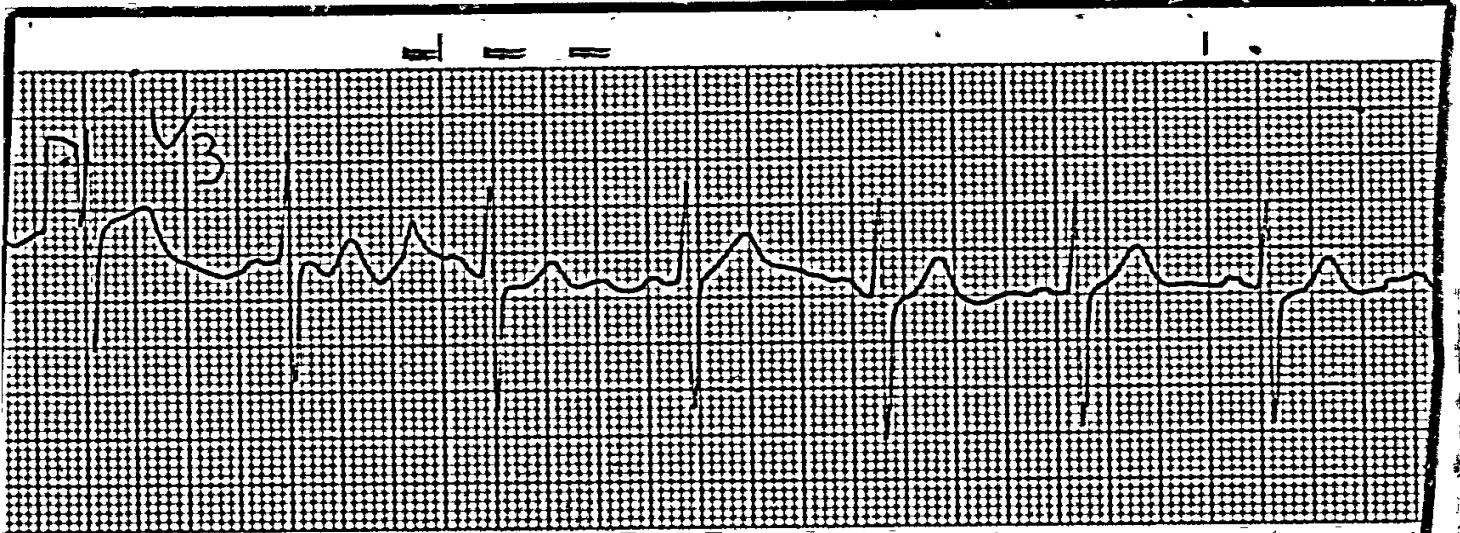
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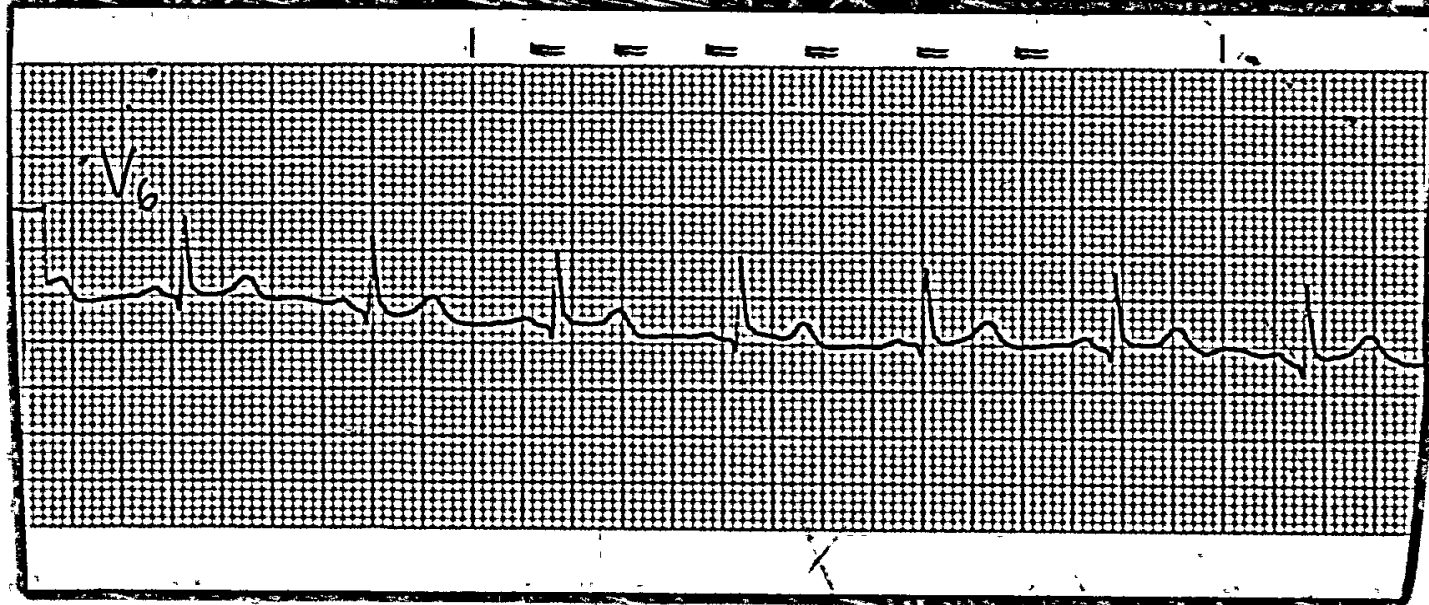
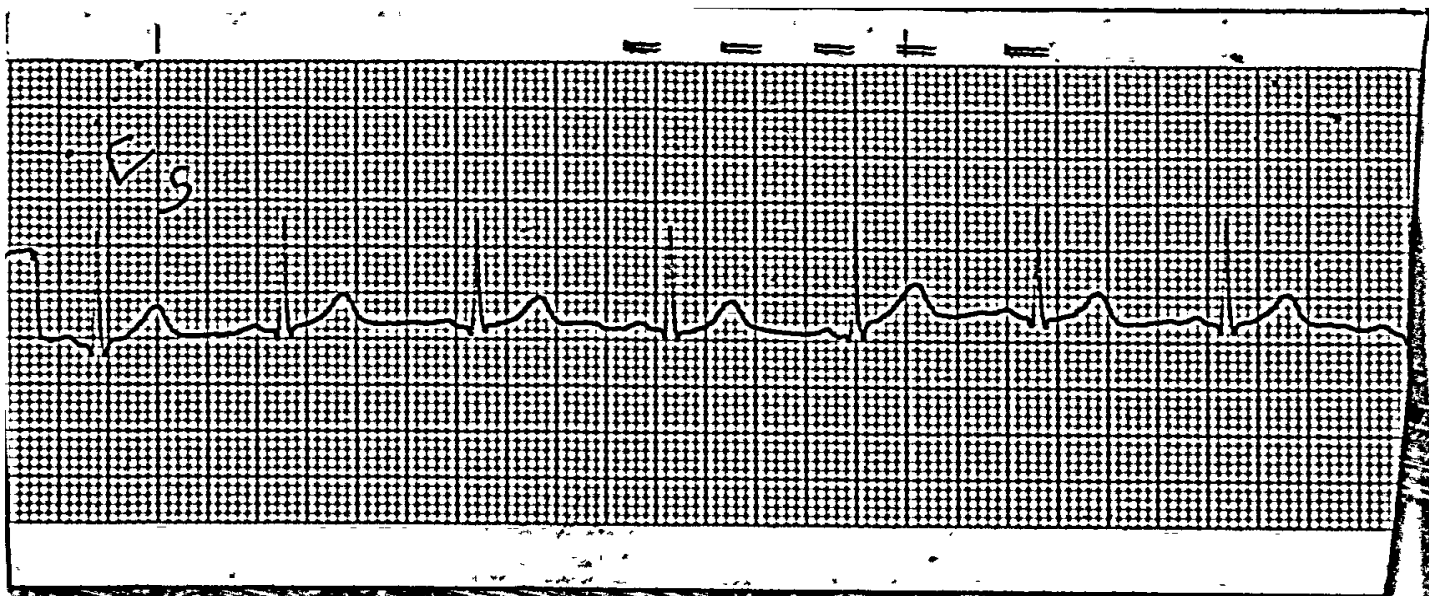





mapaper



SANBORN VISO-CARDIETTE *Permapaper*



<b>CLINICAL RECORD</b>						<b>ELECTROCARDIOGRAPHIC REPORT</b>		PREVIOUS ECG <input type="checkbox"/> YES <input type="checkbox"/> NO	
CLINICAL IMPRESSION						MEDICATION b6 b7C		<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
AGE 38	SEX M	RACE	HEIGHT 5'9½"	WEIGHT 185	B. P.	SIGNATURE OF WARD PHYSICIAN Dr. 		DATE 9-20-55 @1100	
RHYTHM Normal sinus						AXIS DEVIATION (QRS) Horizontal		RATES AURIC. VENT. 70	
INTERVALS PR .16 QRS .08 QT .36						P WAVES			
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
PRECARDIAL LEADS (Specify)									

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Within normal limits.

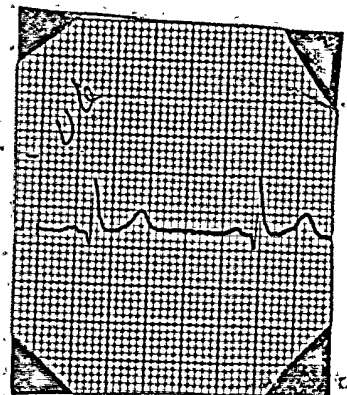
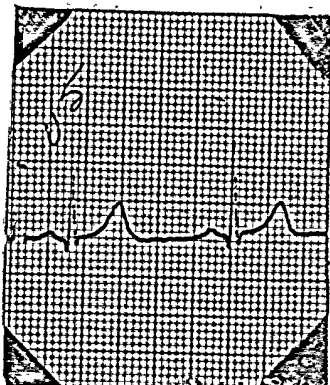
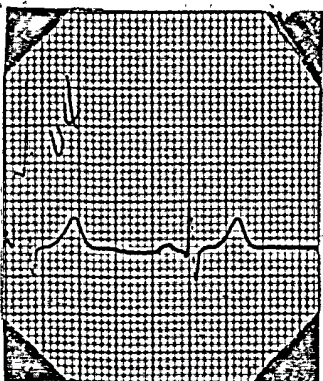
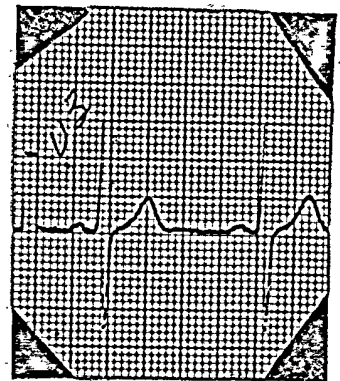
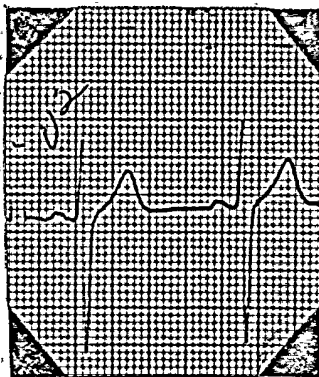
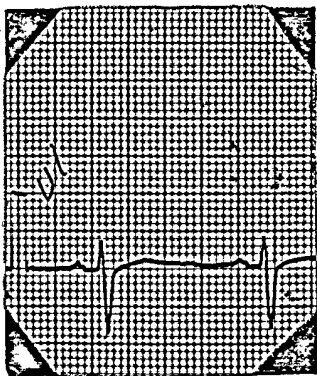
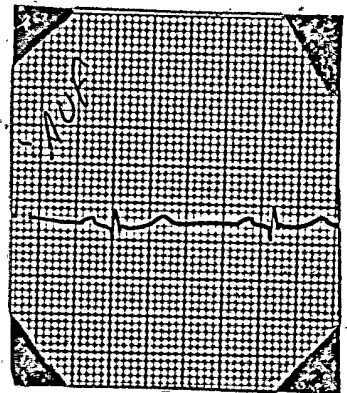
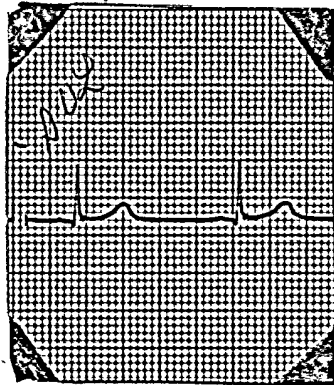
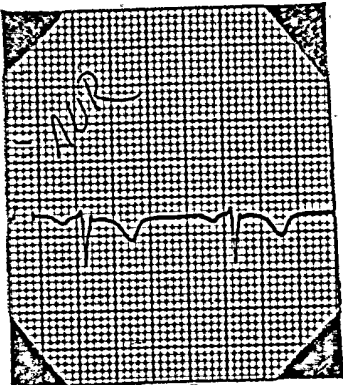
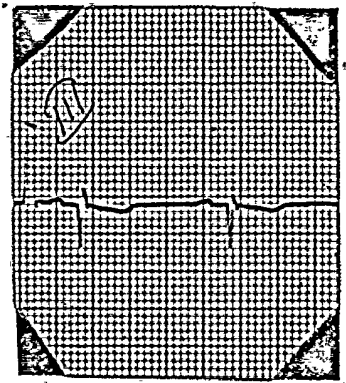
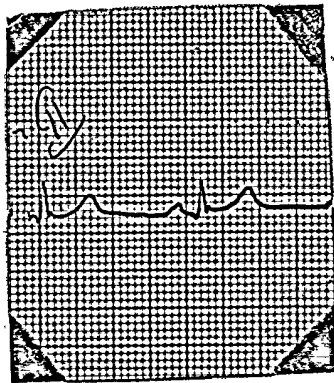
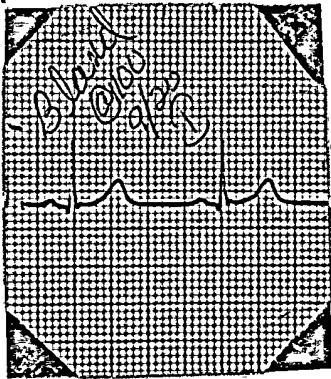
b6  
b7C

NO. ECG	13833	SIGNATURE 	TITLE LT MC USNR	DATE 9-21-55
------------	-------	---	---------------------	-----------------

MOUNT TRACINGS HERE

(Continue on reverse)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME BLAND, James F.		REGISTER NO. F.B.I.	WARD NO. St. Clinic
USNH, BETHESDA, MD. (NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)		ELECTROCARDIOGRAPHIC REPORT Standard Form 520	



CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION b6 b7C		<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input type="checkbox"/> ROUTINE	<input type="checkbox"/> AMBULANT
AGE 37	SEX M	RACE	HEIGHT 5-9 3/4	WEIGHT 185	B. P.	SIGNATURE OF WARD PHYSICIAN DR. [REDACTED] LT MC USN		DATE 10-4-54	
RHYTHM						AXIS DEVIATION (QRS)		RATES	
								AURIC.	VENT.
INTERVALS						P WAVES			
PR                      QRS                      QT									
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

No change since 10-2-53. Electrocardiogram is normal..

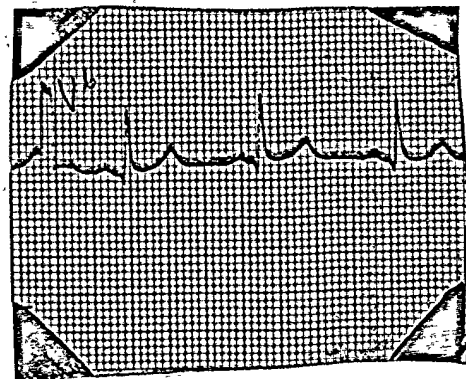
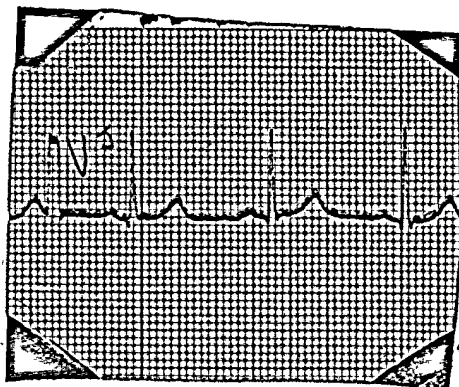
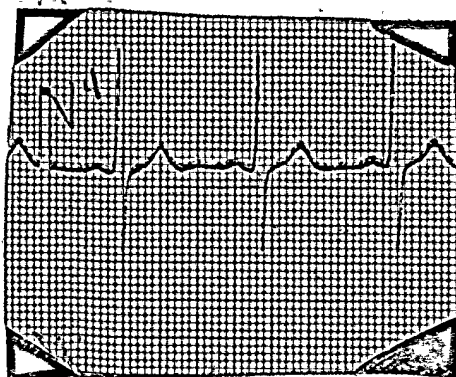
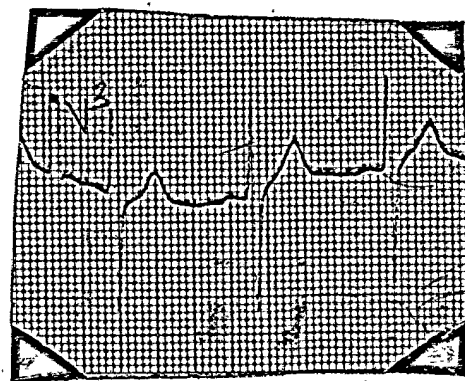
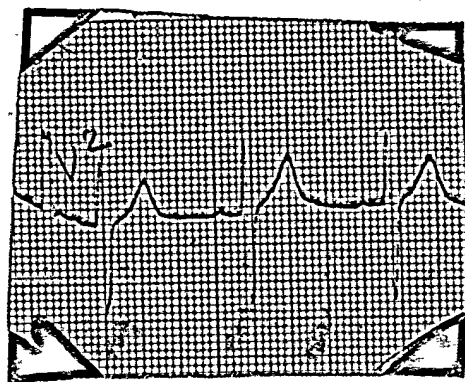
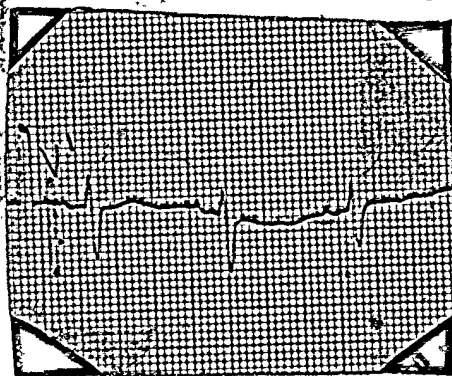
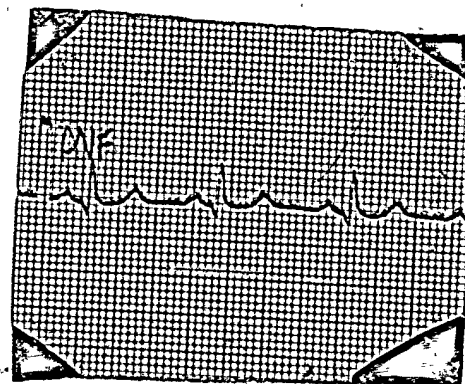
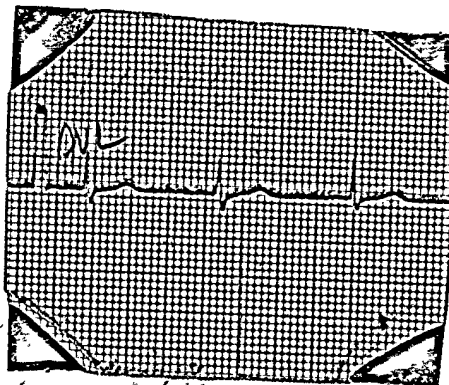
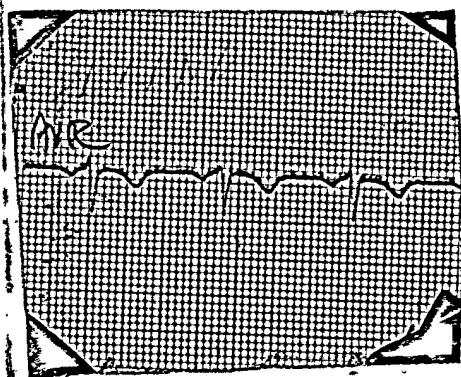
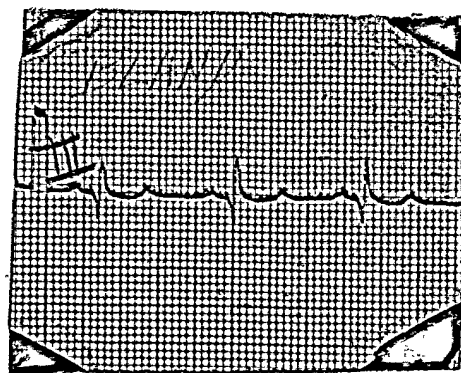
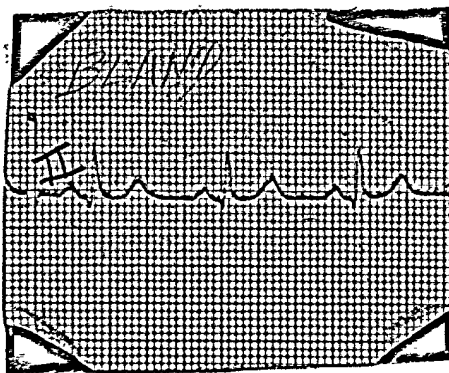
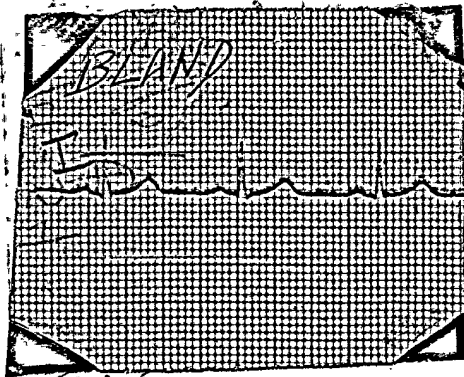
b6  
b7C

(Continue on reverse)

NO. ECG 13833	[REDACTED]	TITLE LT MC USN	DATE 10-4-54
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME BLAND, JAMES FIELD FBI.		REGISTER NO.	WARD NO. ST. CLINIC

USNH NMC, BETHESDA, MD.  
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)





CLINICAL RECORD							ELECTROCARDIOGRAPHIC REPORT		PREVIOUS ECG	
CLINICAL IMPRESSION							MEDICATION		<input type="checkbox"/> YES <input type="checkbox"/> NO	
									<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN		DATE		
RHYTHM NORMAL SINUS							AXIS DEVIATION (QRS) NORMAL		RATES AURIC. VENT. 78	
INTERVALS PR .16 QRS .05 QT							P WAVES NORMAL			
QRS COMPLEXES										
RS-T SEGMENT							T WAVES .36			
PRECORDIAL LEADS (Specify)										

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Tiny Q2, Q AVF, Moderate Q3. Normal T Waves

CONCLUSION: 1. In absence of clinical symptoms and with no changes since previous tracing I consider these findings positional in nature.

2. Normal ECG

NO. ECG 13833	SIG 	TITLE CDR MC USN	DATE 10-2-53
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b6  
b7c

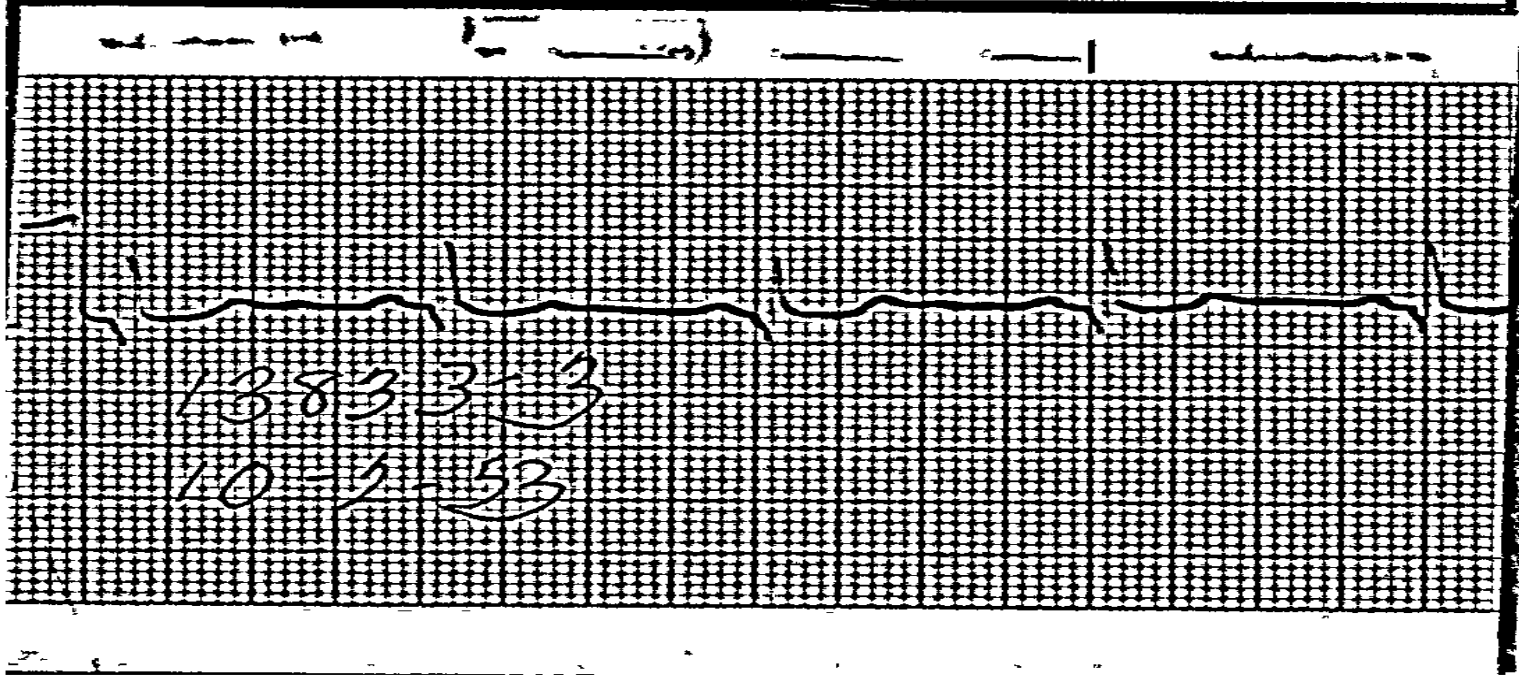
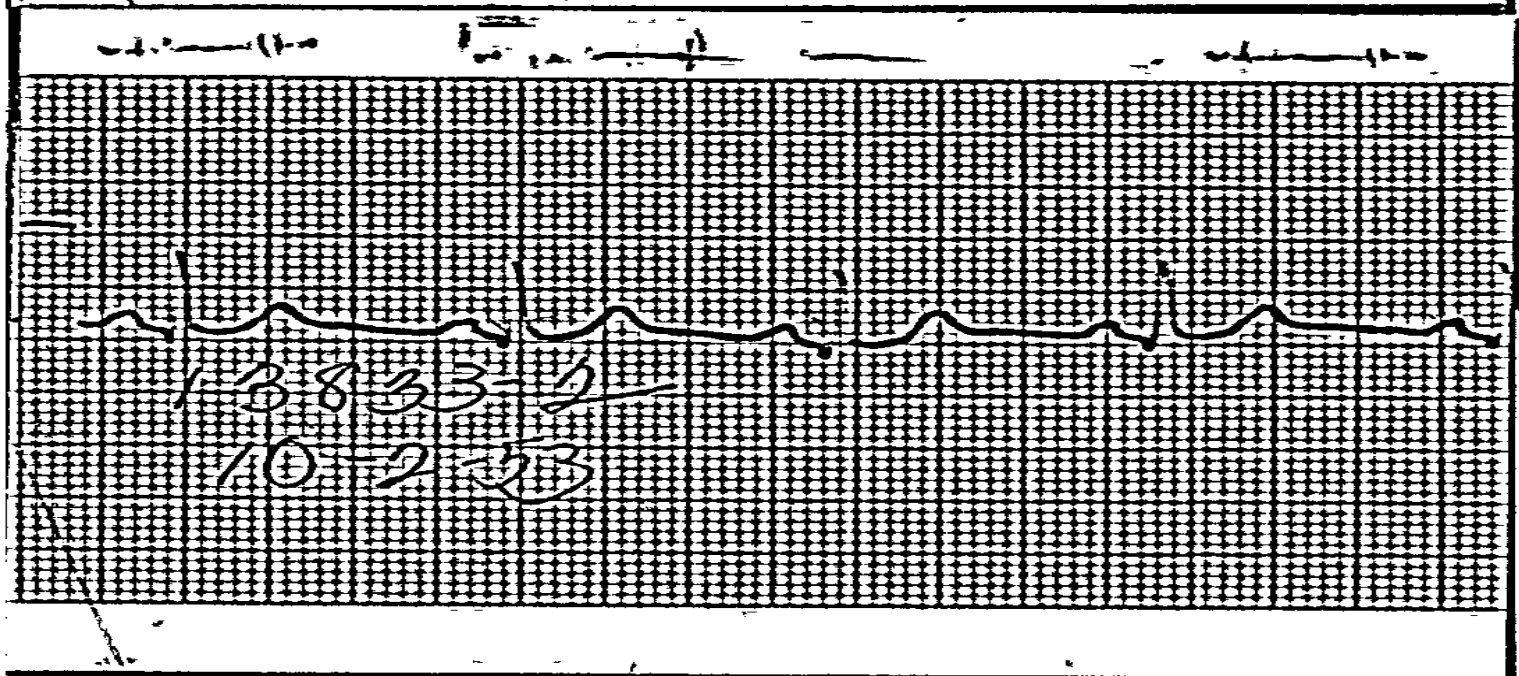
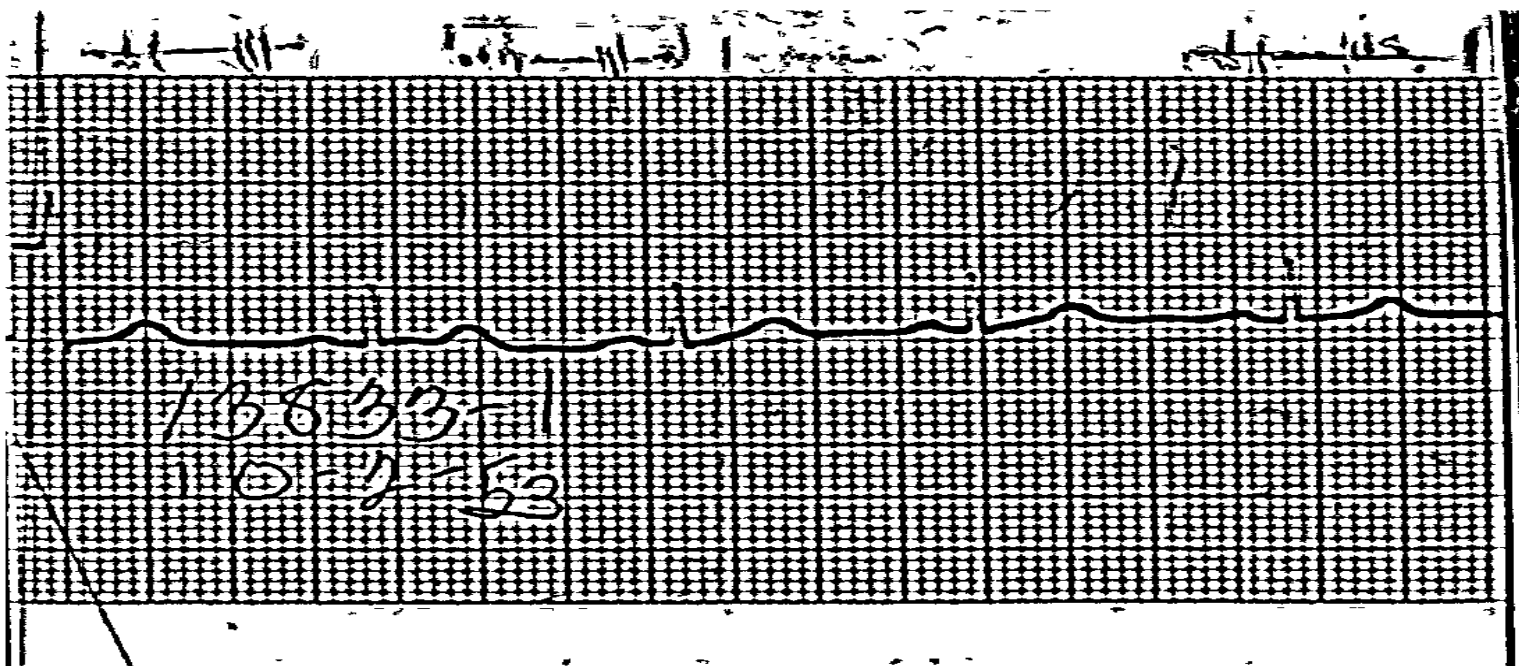
MOUNT TRACINGS HERE

(Continued on reverse)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME BLAND, James F. FBI		REGISTER NO.	WARD NO. ST. CLINIC
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(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

ELECTROCARDIOGRAPHIC REPORT  
Standard Form 520





13833-AVR

10-2-53

120

13833-AVL

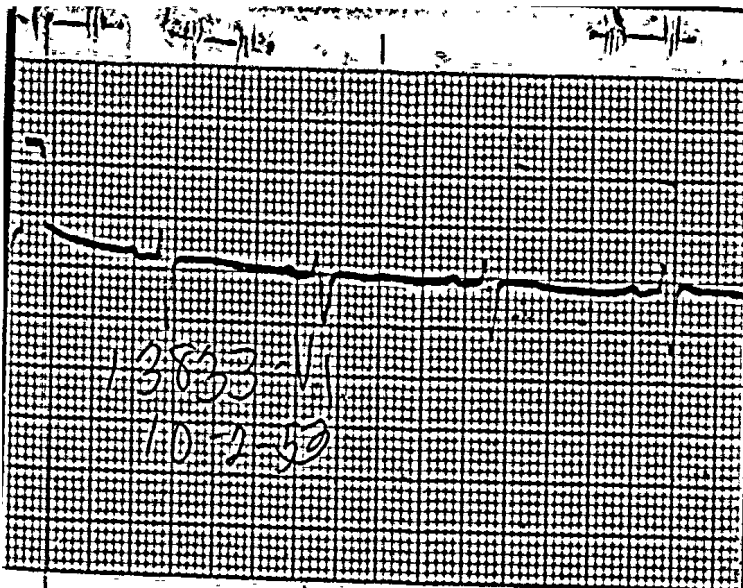
10-2-53

ART. NO. 120

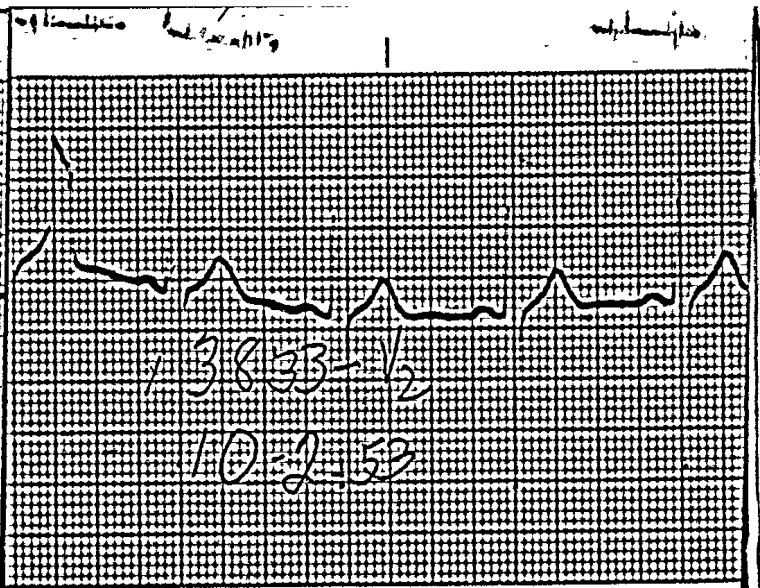
13833-AVF

10-2-53

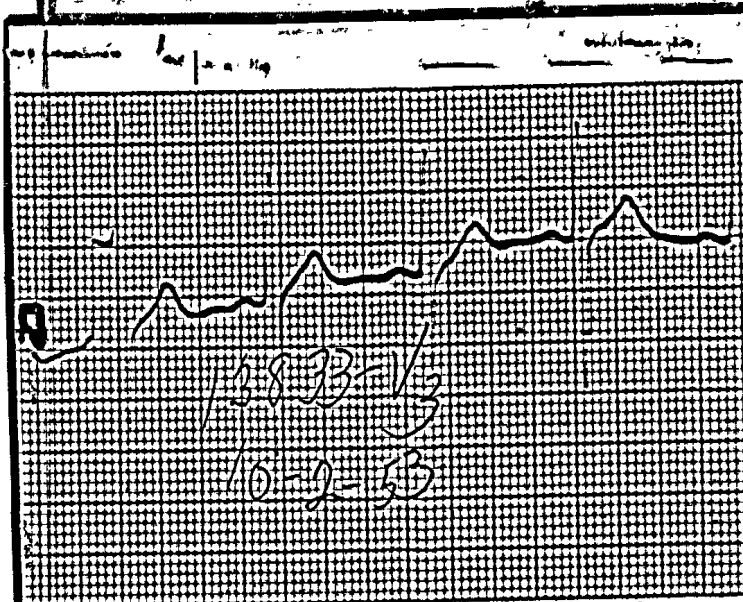
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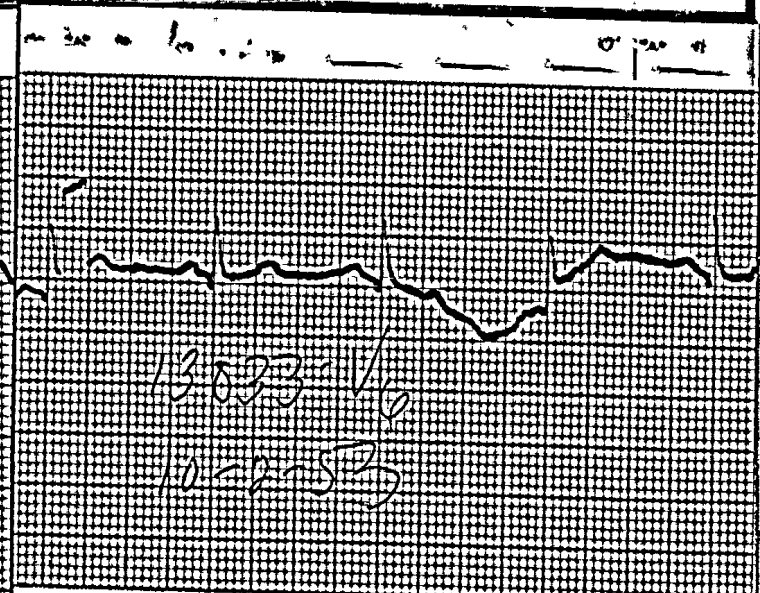
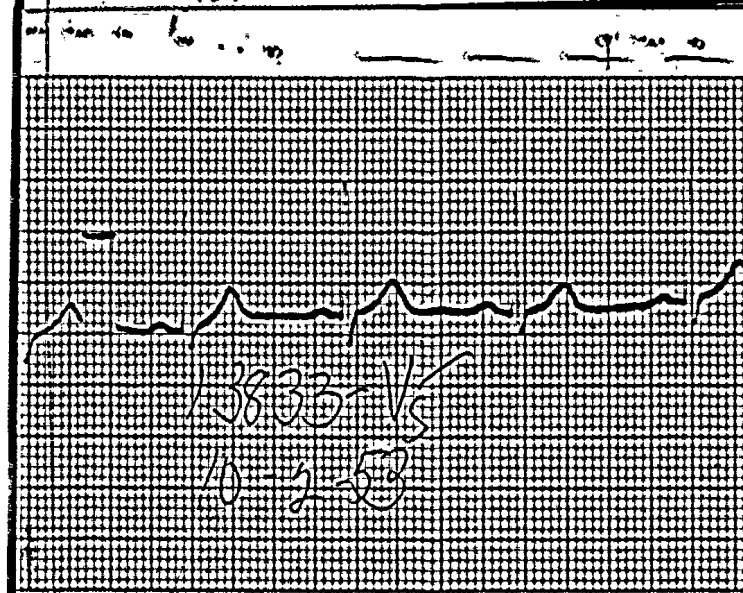
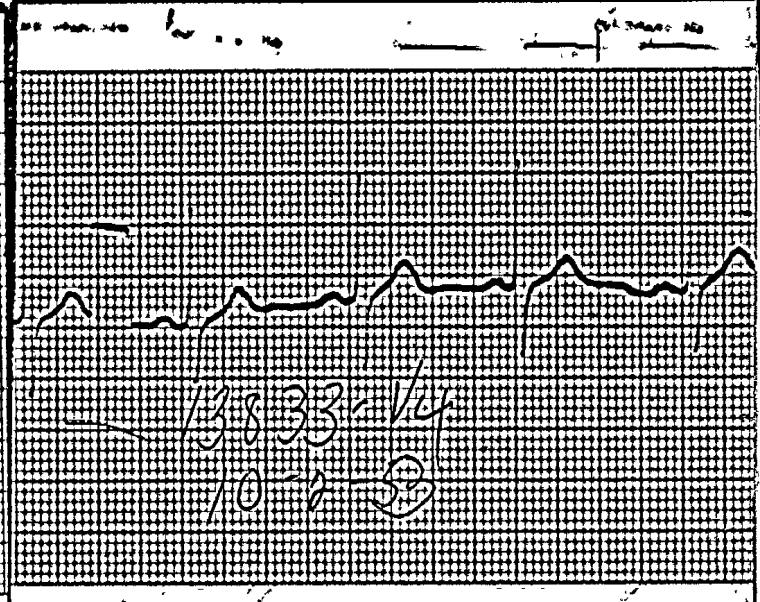
SANBORN VISO-CARDIET



SANBORN VISO-CARDIET



HART NO. 120



CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input type="checkbox"/> ROUTINE	<input type="checkbox"/> AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
RHYTHM						AXIS DEVIATION (QRS)		RATES	
NORMAL SINUS RHYTHM						NORMAL		AURIC. VENT. 80	
INTERVALS						P WAVES			
PR .14 QRS .06 QT.32						NORMAL			
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

CONCLUSIO: N: NORMAL ECG.

b6  
b7C

(Continue on reverse)

NO.	SIG	TITLE	DATE
ECG. 13833			10/16/52
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME		REGISTER NO.	WARD NO.
BLAND JAMES F.		FBI	RM 11

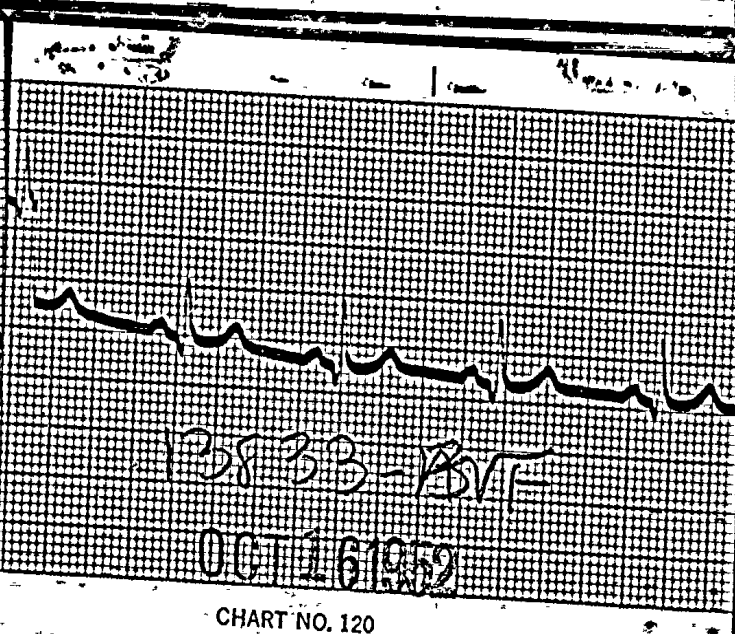
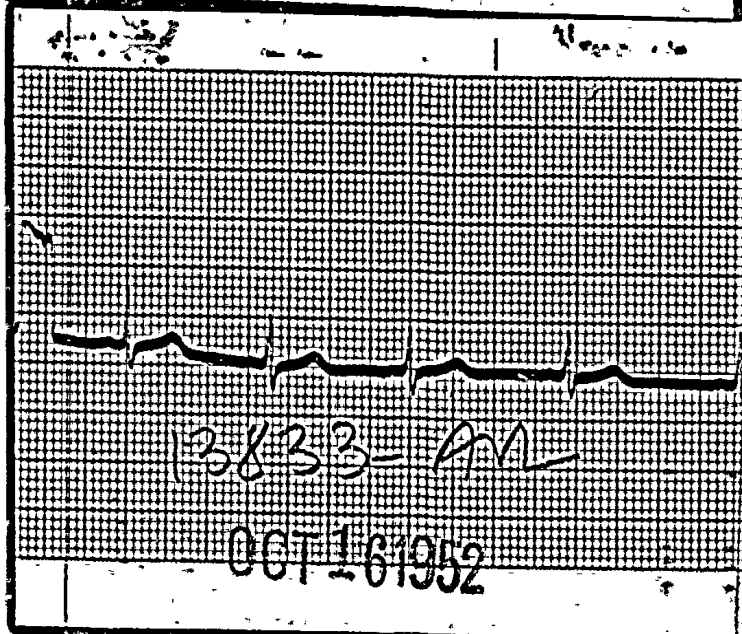
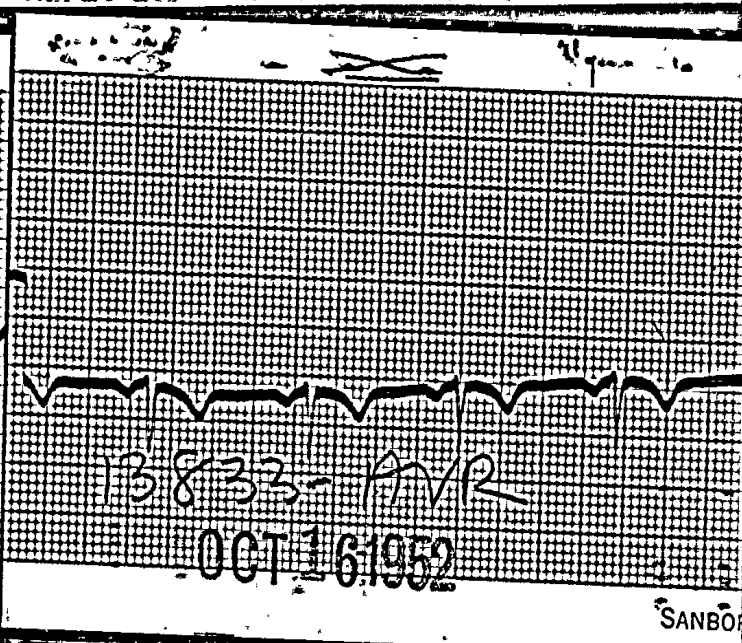
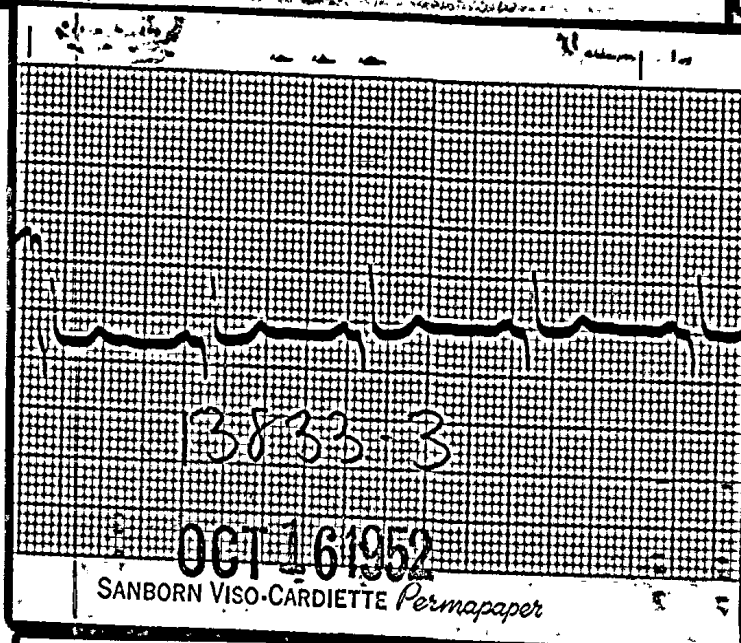
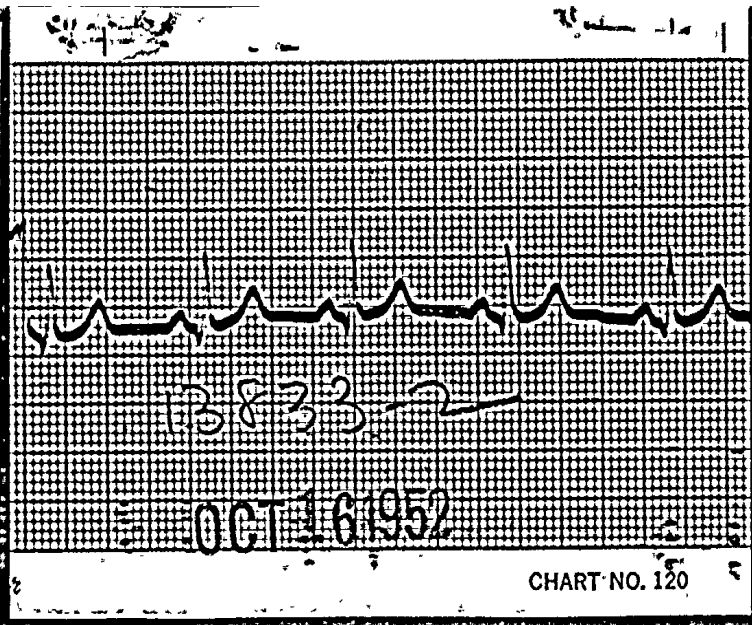
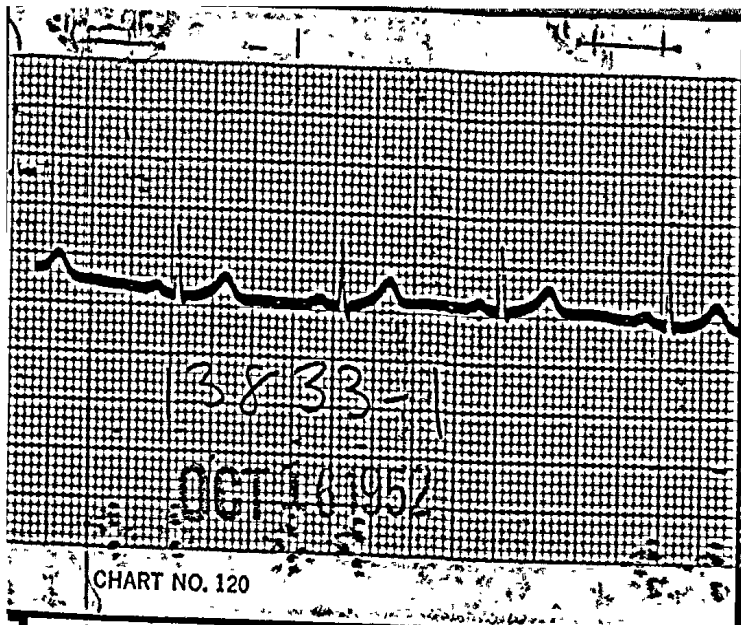
NNMC BETHESDA MD.

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

ELECTROCARDIOGRAPHIC RECORD

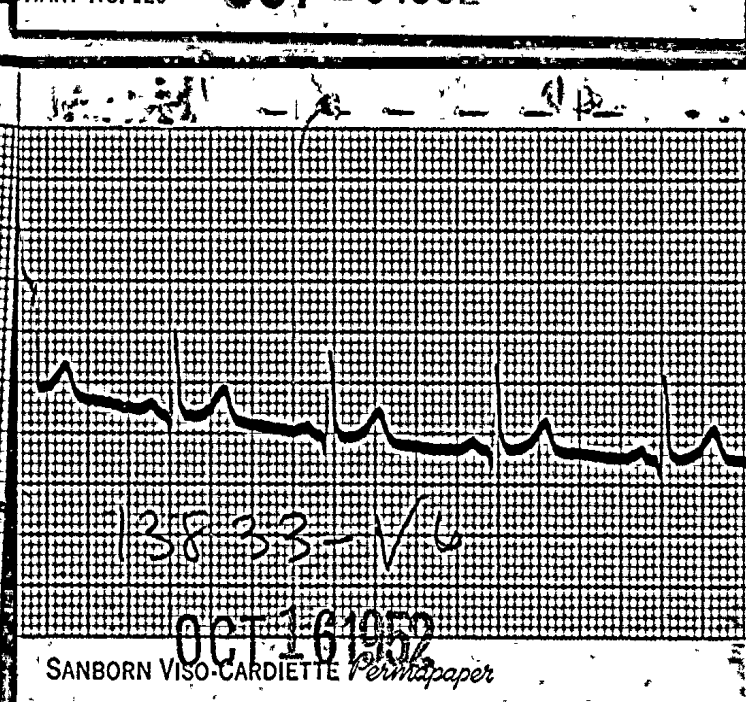
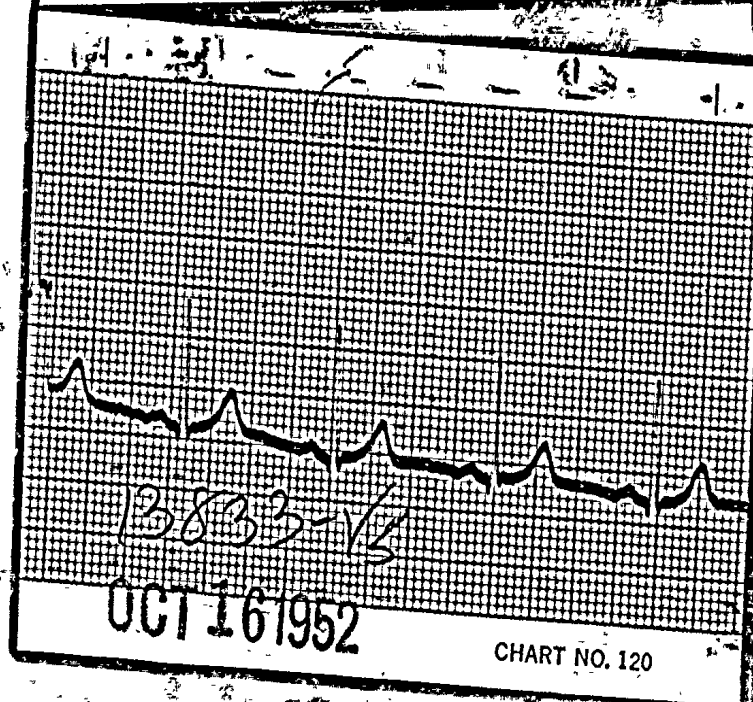
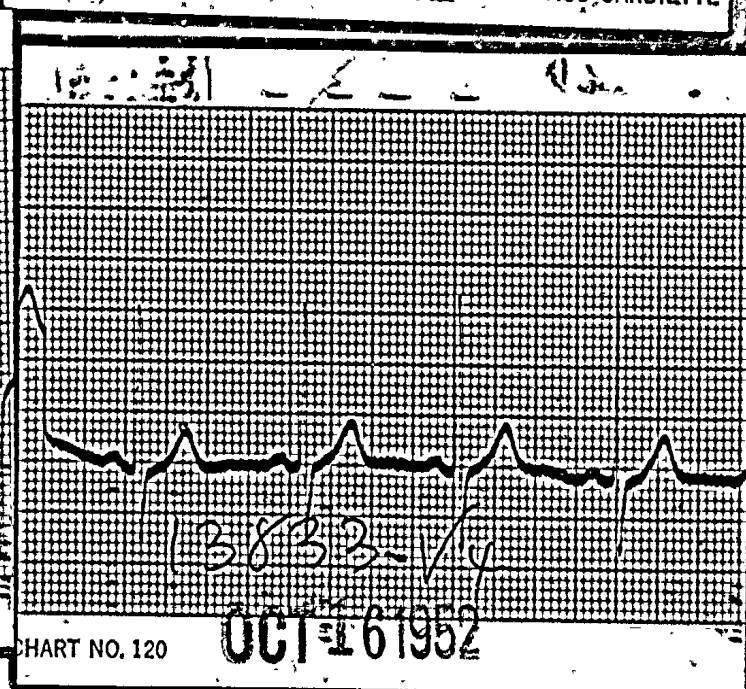
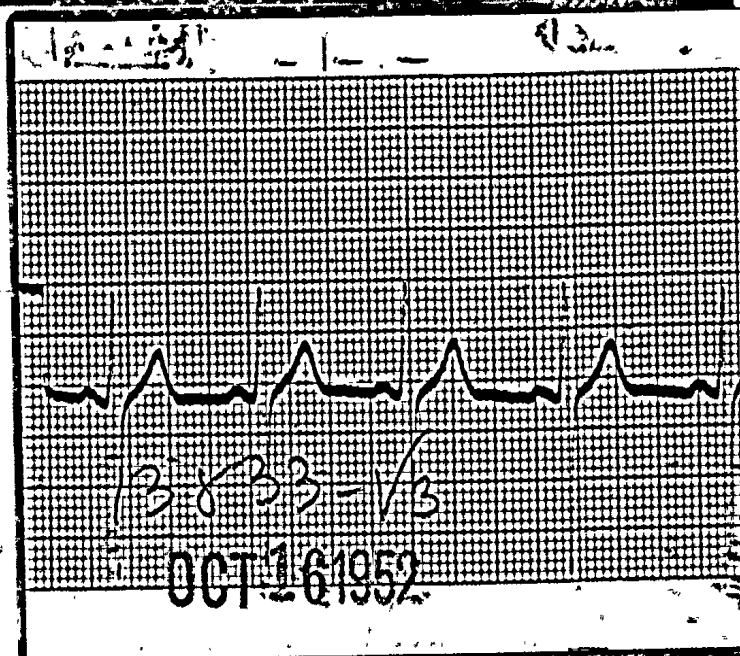
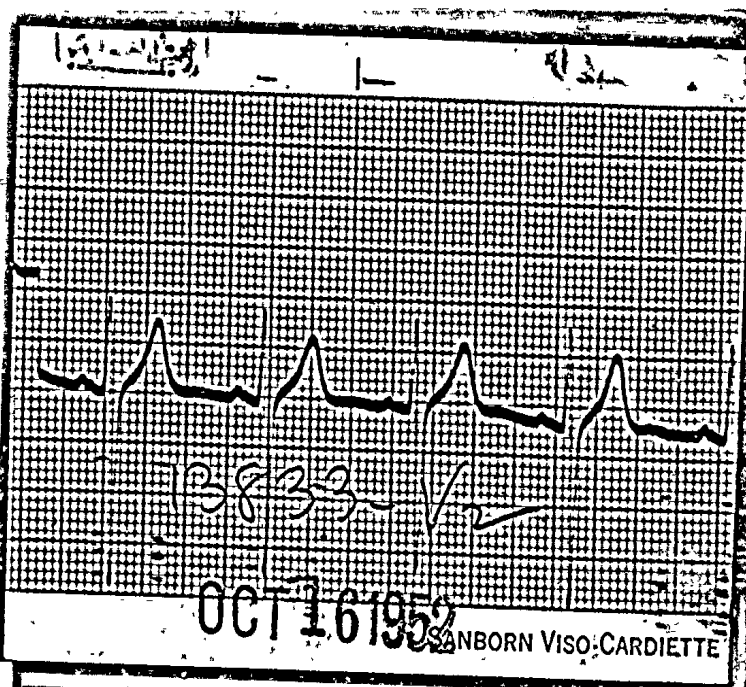
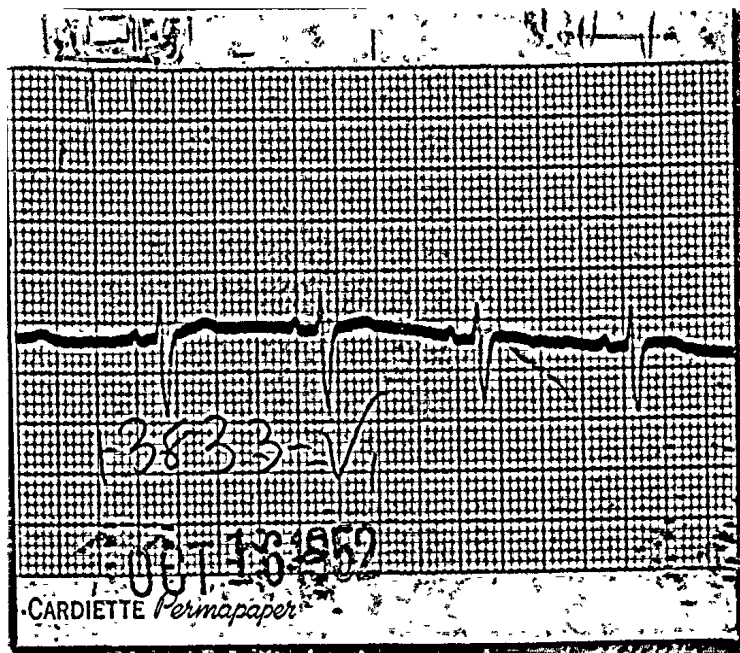
Standard Form 520

(Attach tracings to S. F. 507)



NO. 217-12168 - ANNULLED  
RECEIVED  
FEBRUARY 25 1964  
U.S. DEPT. OF JUSTICE





CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> YES <input type="checkbox"/> NO	
								<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN		DATE	
42	M		69"	162				8-11-59°1140	
RHYTHM						AXIS DEVIATION (QRS)		RATES	
Normal sinus rhythm						#30°		AURIC. VENT. 75	
INTERVALS						P WAVES			
PR .16 QRS .06 QT									
QRS COMPLEXES									
RS-T SEGMENT						T WAVES			
UNIPOLAR EXTREMITY LEADS (Specify)									
PRECORDIAL LEADS (Specify)									

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

1. Within normal limits.
2. No significant change since 9-24-57.

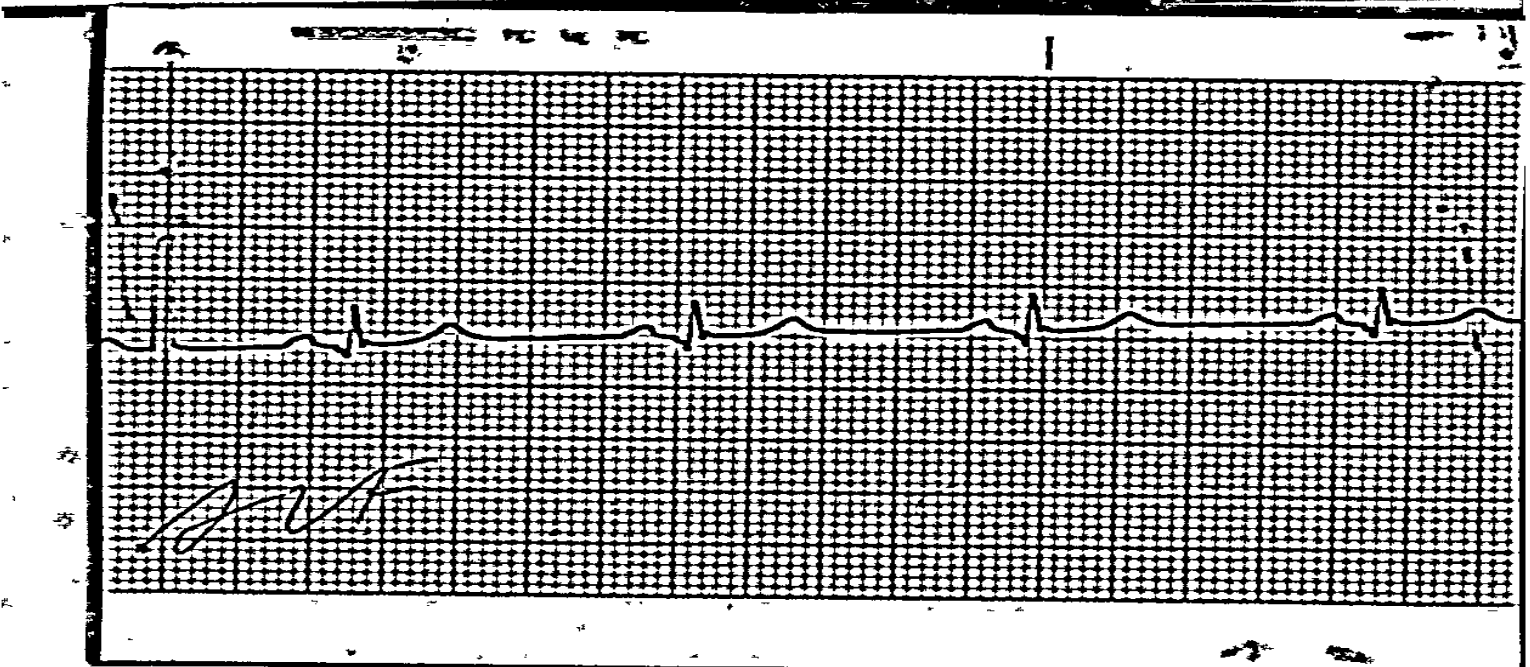
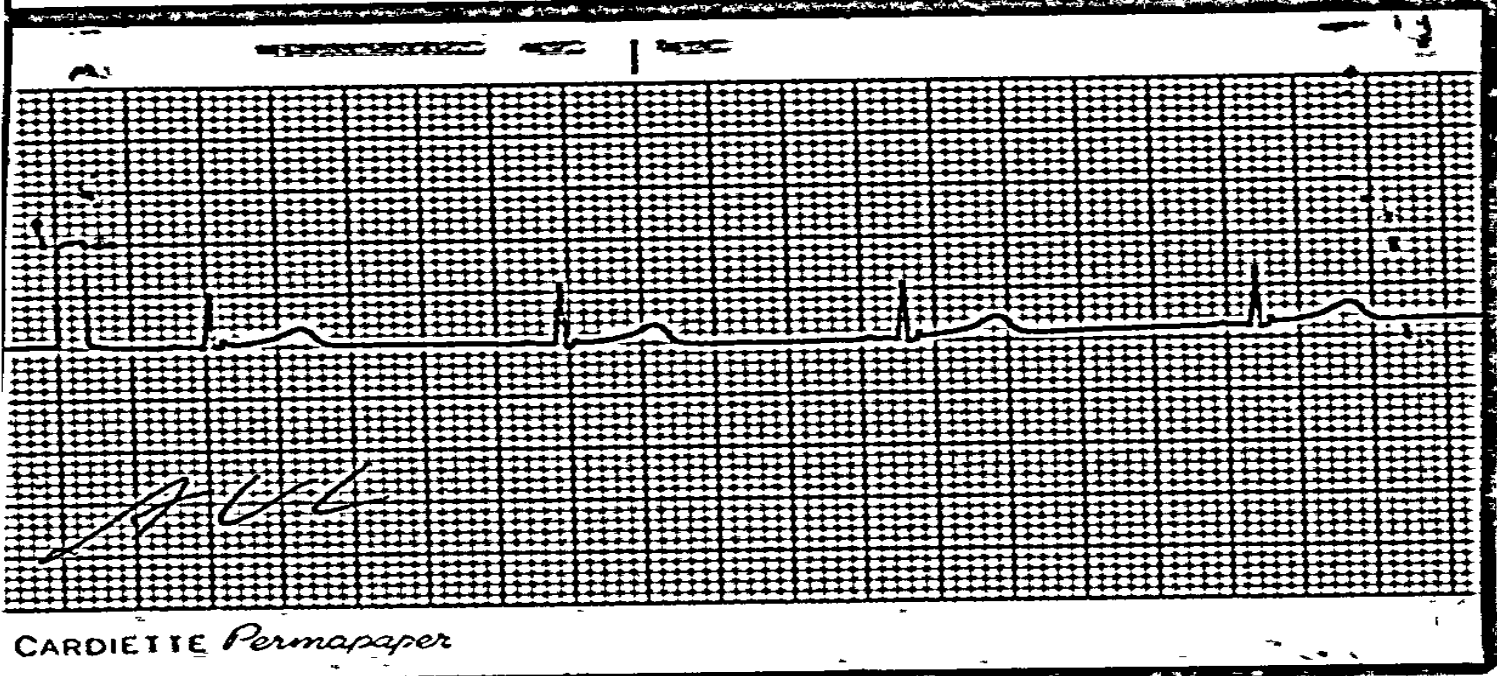
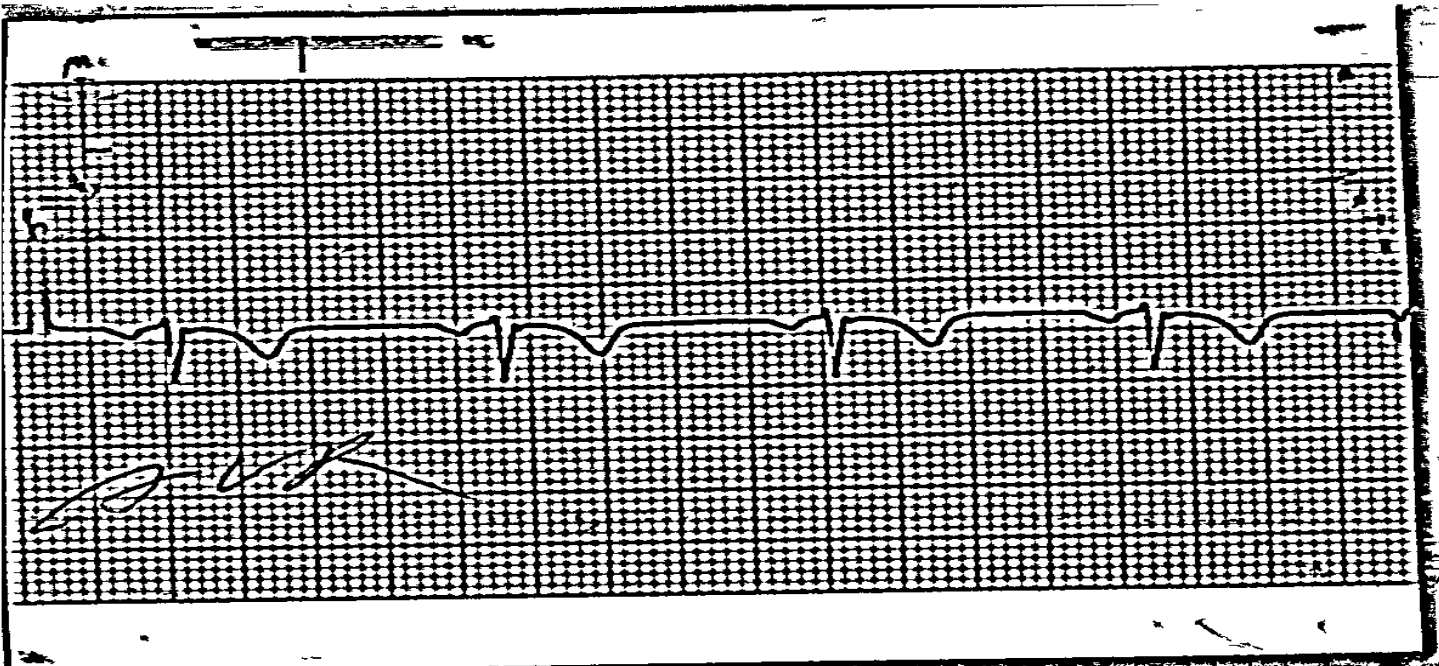
b6  
b7C

(Continue on reverse)

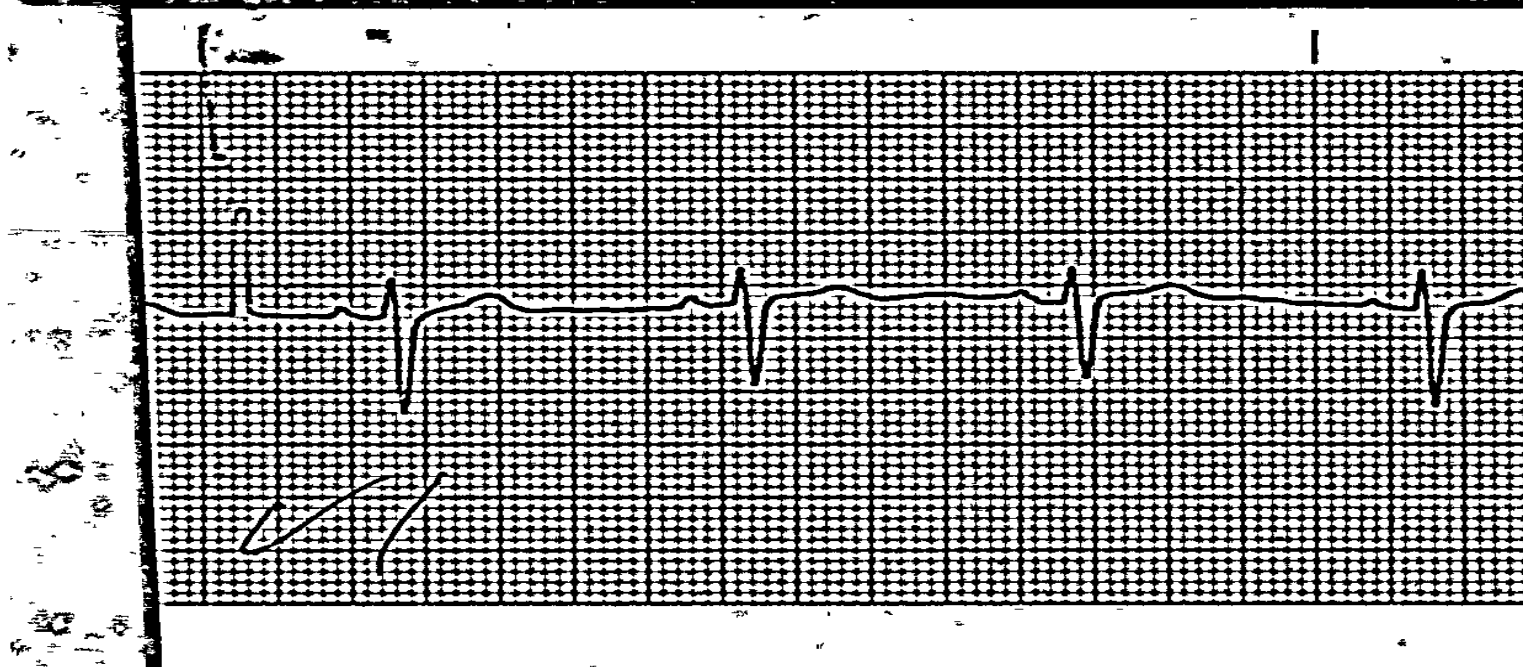
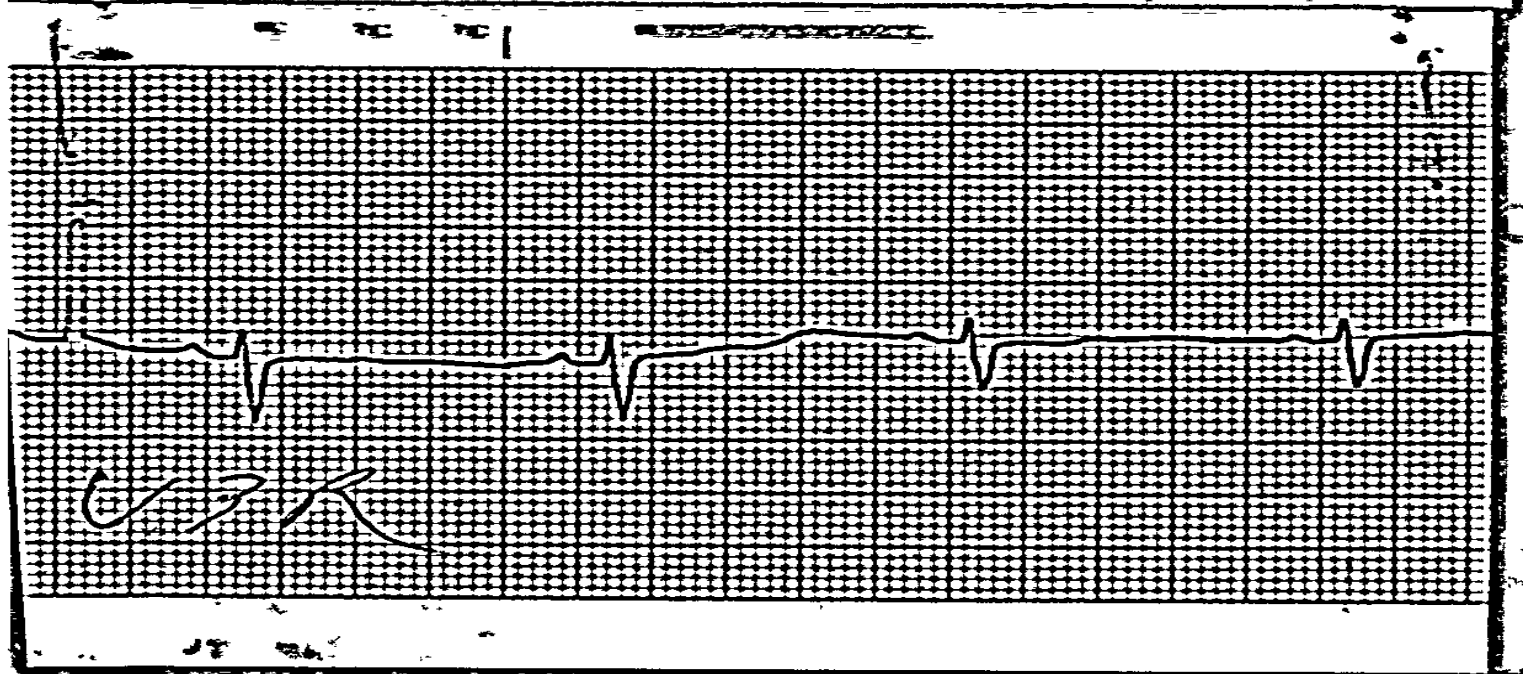
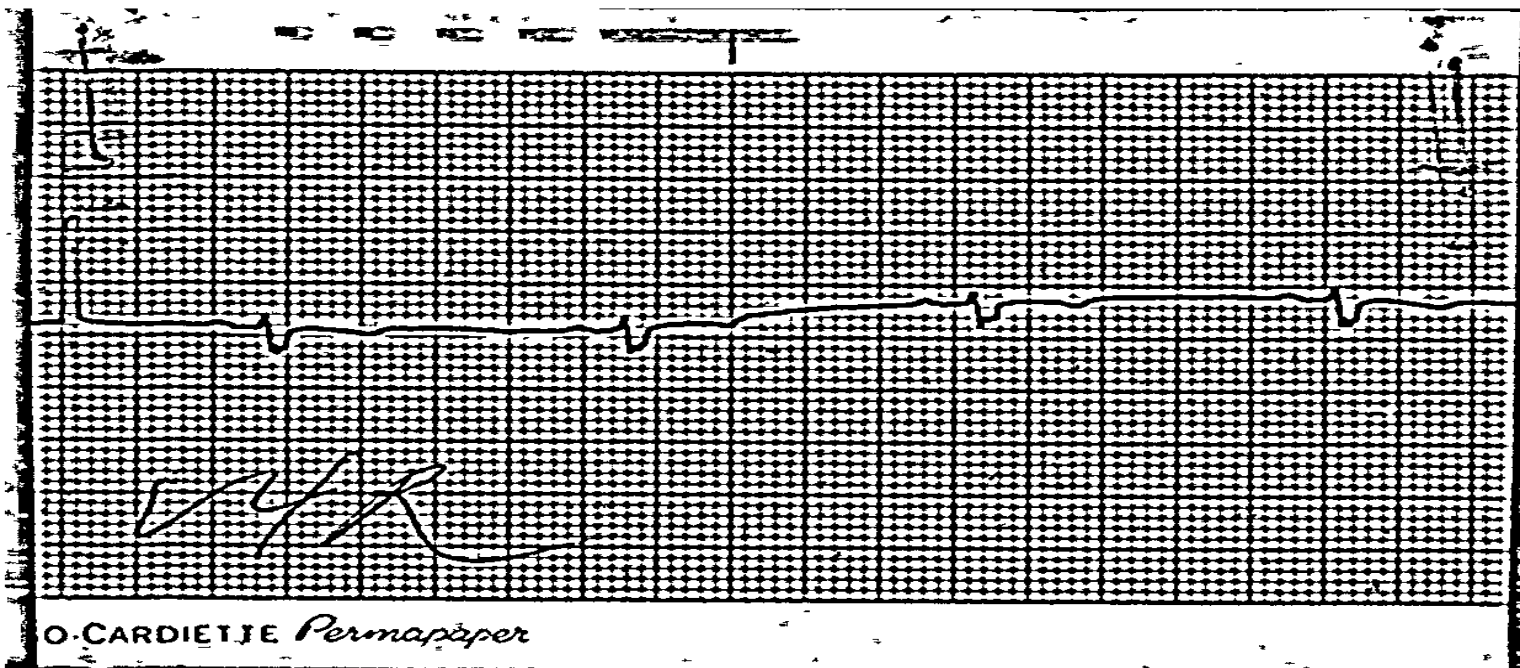
NO.	SIGNATURE	TITLE	DATE
ECG 13833	/mg	LT MC USN	8-12-59
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.
			STAFF CLINIC

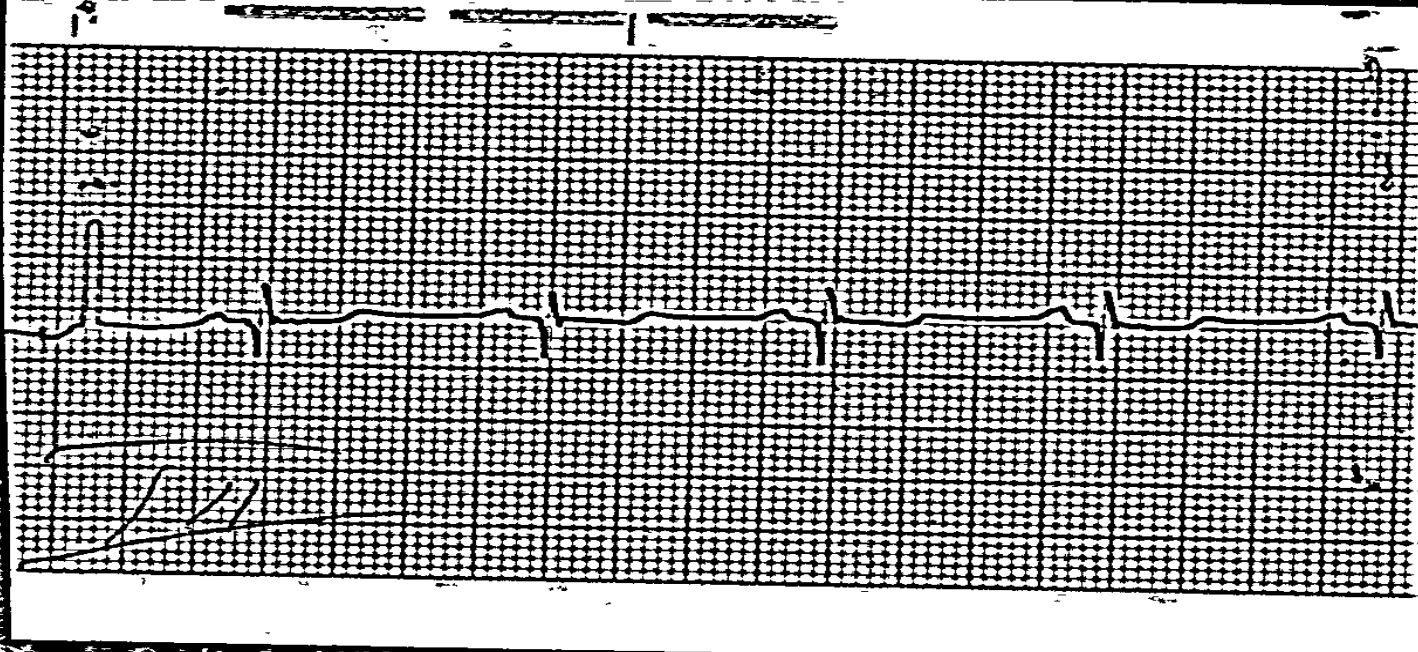
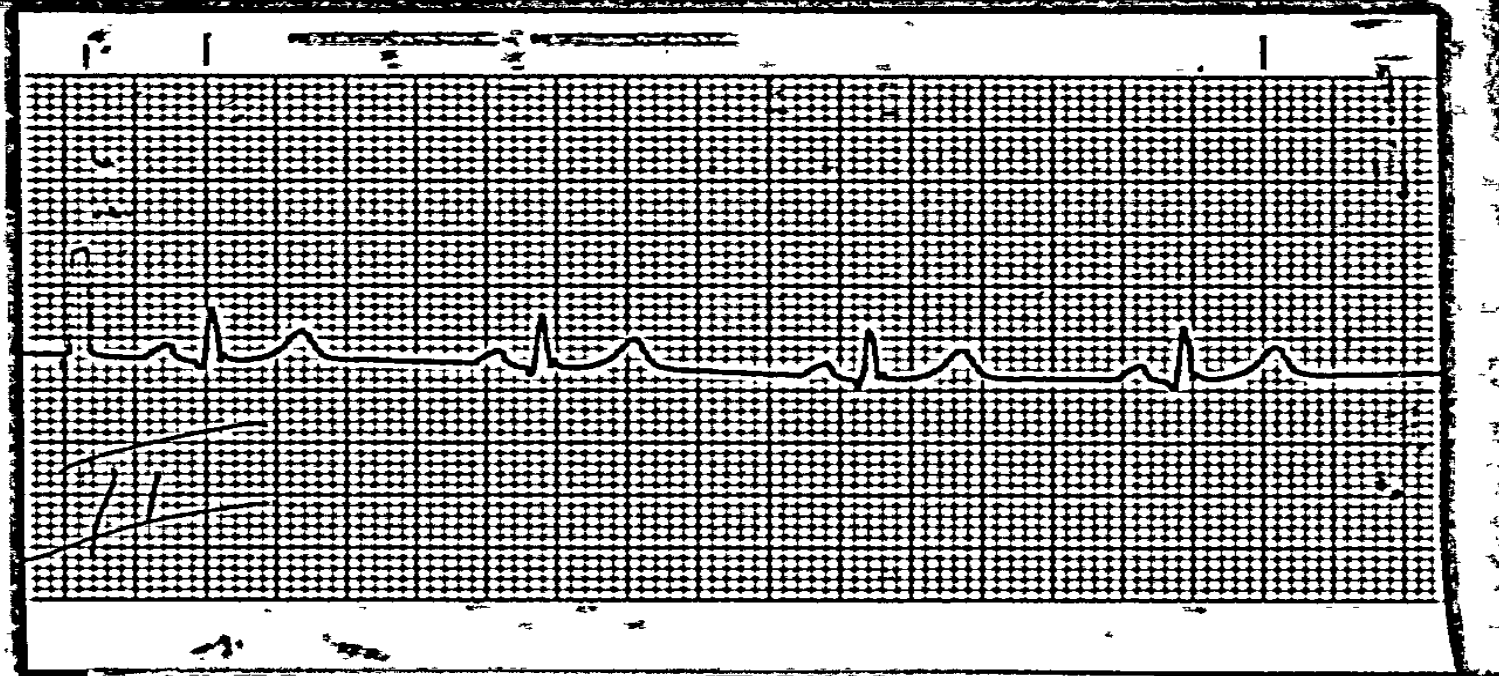
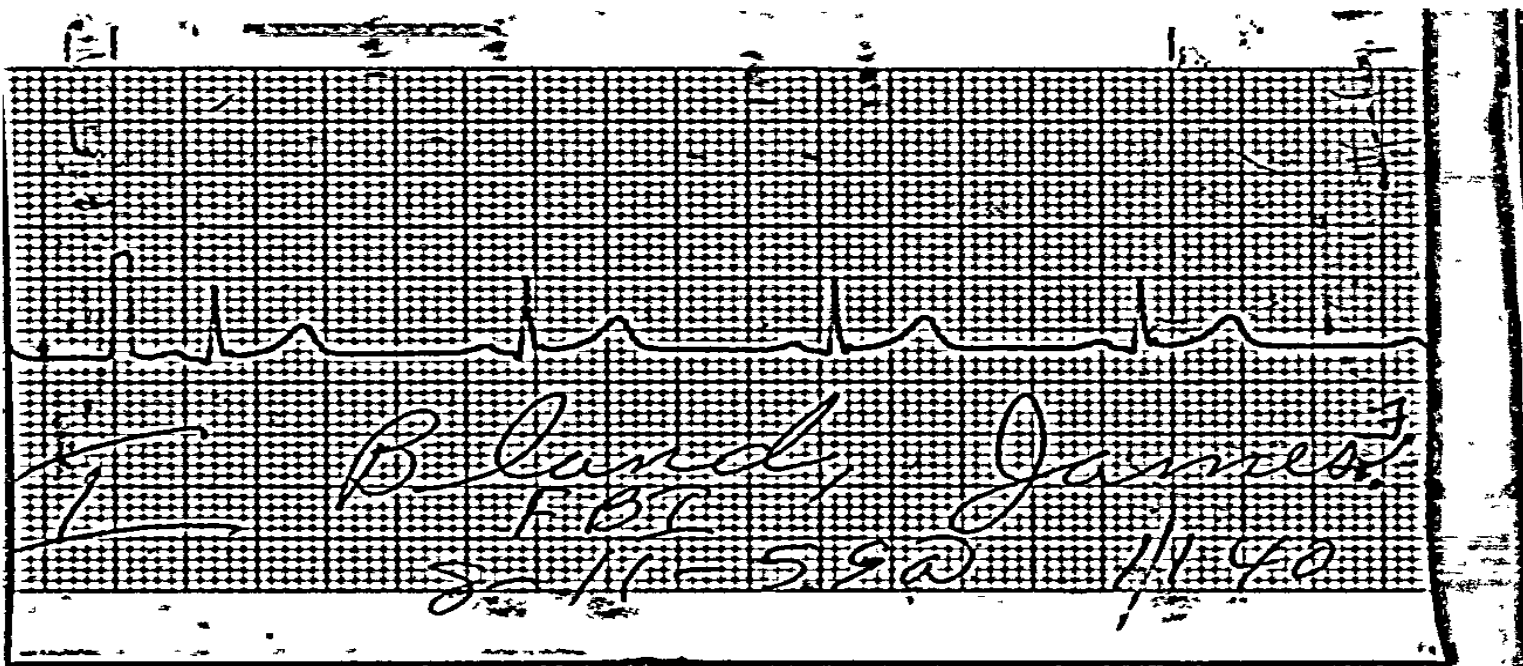
BLAND, JAMES F. FBI  
USNH NNMCMC BETHESDA MD.

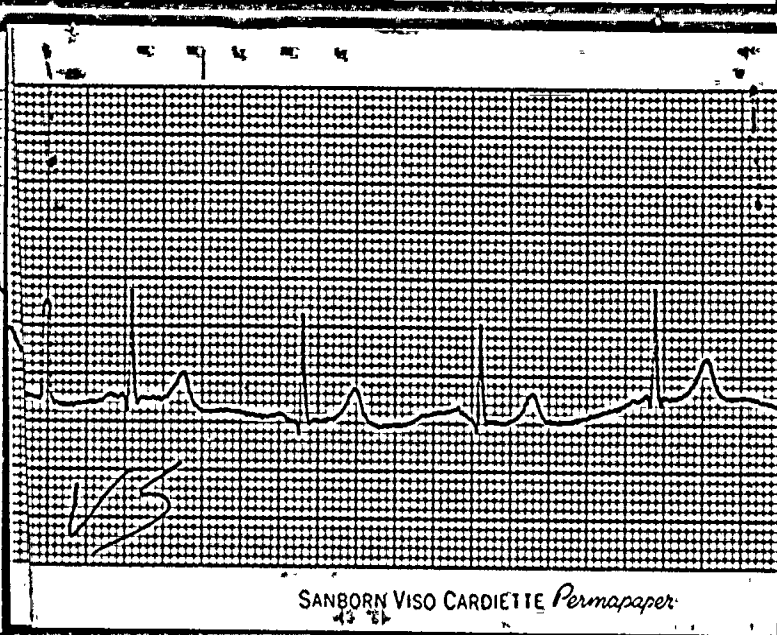
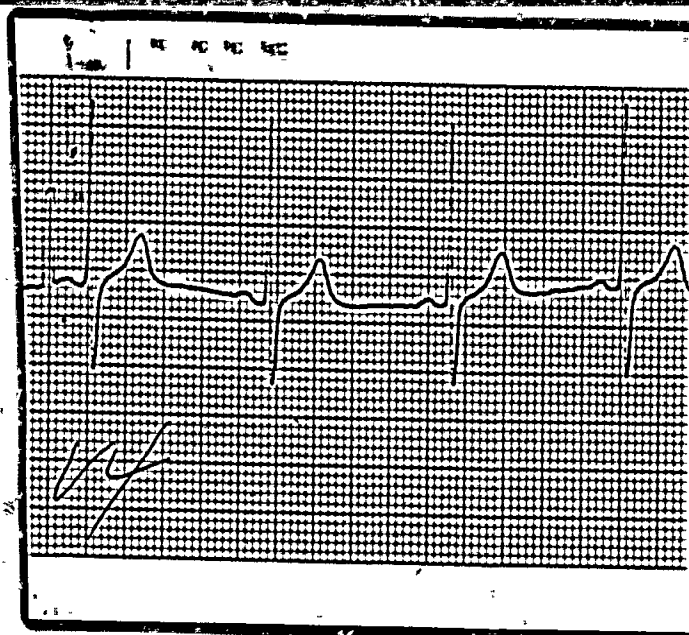
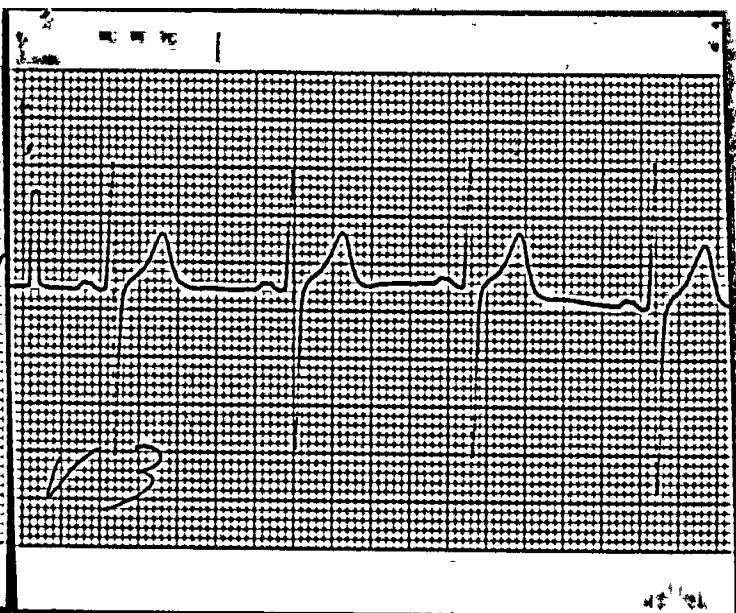
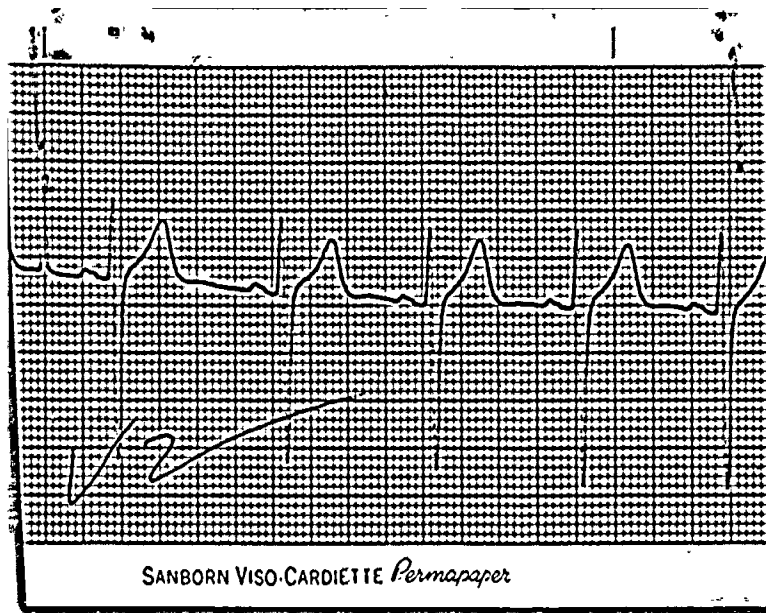
ELECTROCARDIOGRAPHIC RECORD  
Standard Form 520  
(Attach tracings to S. F. 507)











PREVIOUS ECG.

CLINICAL RECORD

ELECTROCARDIOGRAPHIC RECORD

PREVIOUS ECG

☒ YES

☐ NO

CLINICAL IMPRESSION

MEDICATION

☐ EMERGENCY

☐ BEDSIDE

☒ ROUTINE

☒ AMBULANT

AGE

SEX

RACE

HEIGHT

WEIGHT

D.P.

SIGNATURE OF WARD PHYSICIAN

DATE

47

M

CAUC

69

165

2-16-65

RHYTHM

AXIS DEVIATION (QRS)

RATES

INTERVALS

P WAVES

AURIC.

VENT

PR

QRS

QT

QRS COMPLEXES

RS-T SEGMENT

T WAVES

UNIPOLAR EXTREMITY LEADS (Specify)

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

NO SIGNIFICANT CHANGE SINCE 3/2/64

b6  
b7C

WITHIN NORMAL LIMITS

(Con)

NO.

SIGNATURE

LT MCUSN

DATE

ECG

17 FEB - 1965

PATIENT'S INFORMATION (Type or write in full: Name (last, first, middle); grade; date, hospital or medical facility)

REGISTER NO.

WARD NO.

FBI

STAFF CLINIC

BLAND, JAMES FIELD

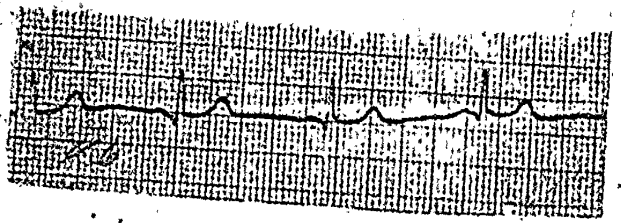
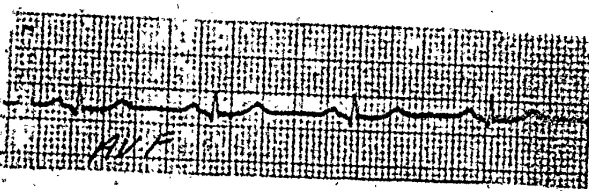
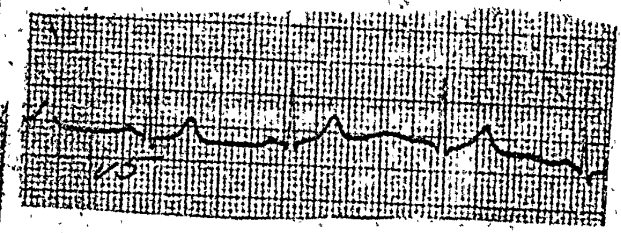
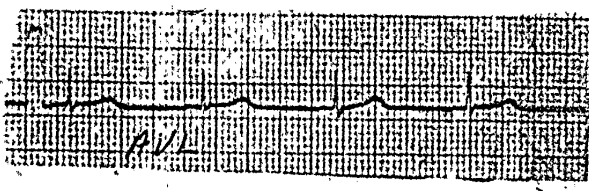
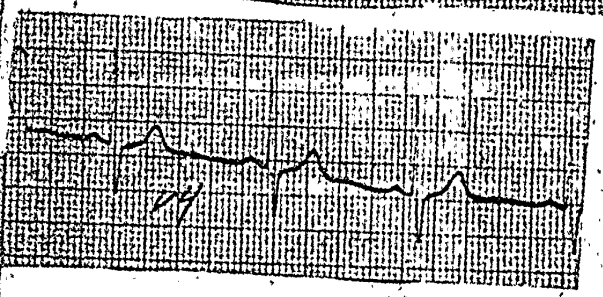
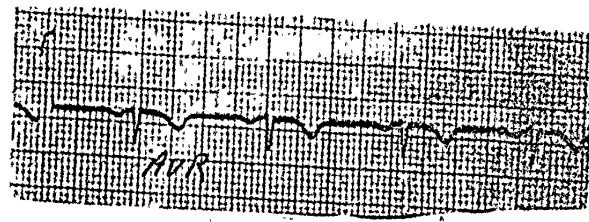
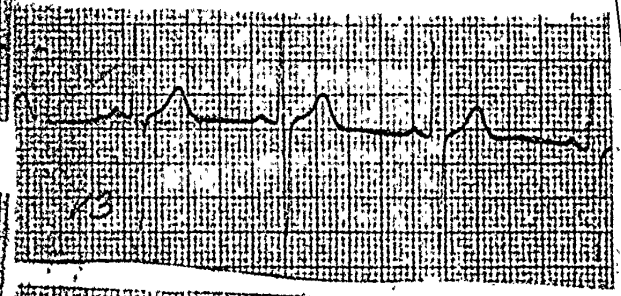
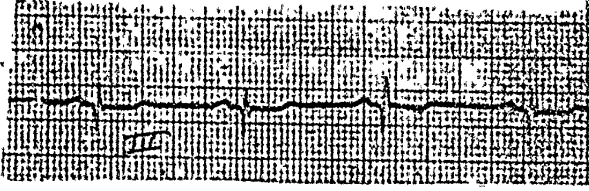
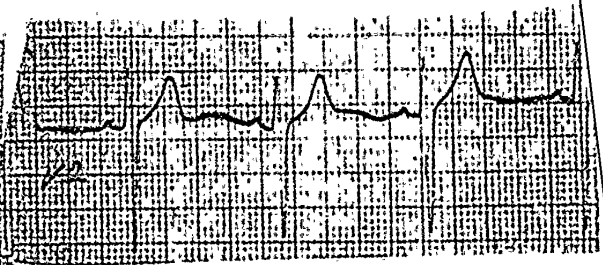
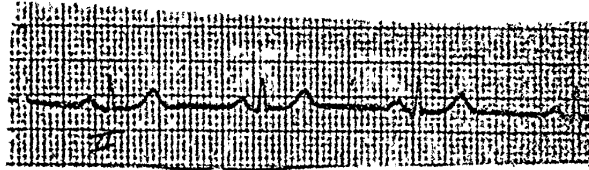
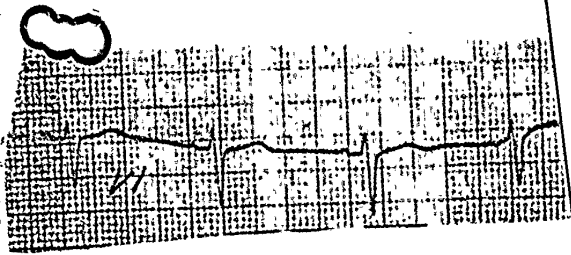
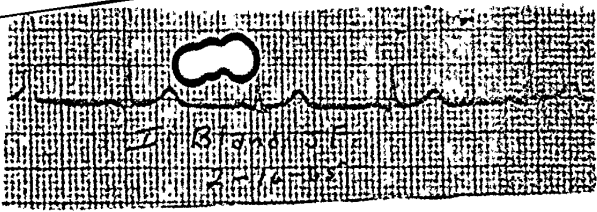
ELECTROCARDIOGRAPHIC RECORD

Standard Form 520

520 101

(Attach tracings to S.F. 507)

SA-FBI



Done



# REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

# FBI

1. LAST NAME—FIRST NAME—MIDDLE NAME <u>Bland James Field</u>		2. GRADE AND COMPONENT OR POSITION <u>Special Agent</u>		3. IDENTIFICATION NUMBER <u>7-22-60</u>	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)		5. PURPOSE OF EXAMINATION <u>Annual Exam</u>		6. DATE OF EXAMINATION	
7. SEX <u>M</u>	8. RACE <u>W</u>	9. TOTAL YRS. GOVT. SERVICE MILITARY CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT	
12. DATE OF BIRTH <u>5-6-17</u>		13. PLACE OF BIRTH <u>Gowey, Missouri</u>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS			16. OTHER INFORMATION		

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

Good

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE?			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	<u>71</u>	<u>Good</u>	<u>---</u>	<u>---</u>		<input checked="" type="checkbox"/>	HAD TUBERCULOSIS	
MOTHER	<u>67</u>	<u>Good</u>	<u>---</u>	<u>---</u>		<input checked="" type="checkbox"/>	HAD SYPHILIS	
SPOUSE	<u>39</u>	<u>Good</u>	<u>---</u>	<u>---</u>	<input checked="" type="checkbox"/>		HAD DIABETES	<u>Grandfather</u>
BROTHERS AND SISTERS						<input checked="" type="checkbox"/>	HAD CANCER	
						<input checked="" type="checkbox"/>	HAD KIDNEY TROUBLE	
						<input checked="" type="checkbox"/>	HAD HEART TROUBLE	
					<input checked="" type="checkbox"/>		HAD STOMACH TROUBLE	<u>father (colitis)</u>
CHILDREN	<u>15</u>	<u>Good</u>	<u>---</u>	<u>---</u>		<input checked="" type="checkbox"/>	HAD RHEUMATISM (Arthritis)	<u>mother (mild)</u>
	<u>14</u>	<u>"</u>	<u>---</u>	<u>---</u>		<input checked="" type="checkbox"/>	HAD ASTHMA, HAY FEVER, HIVES	
	<u>10</u>	<u>"</u>	<u>---</u>	<u>---</u>		<input checked="" type="checkbox"/>	HAD EPILEPSY (Fits)	
	<u>8</u>	<u>"</u>	<u>---</u>	<u>---</u>		<input checked="" type="checkbox"/>	COMMITTED SUICIDE	
						<input checked="" type="checkbox"/>	BEEN INSANE	

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)

YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>		SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>		GOITER	<input checked="" type="checkbox"/>		TUMOR, GROWTH, CYST, CANCER	<input checked="" type="checkbox"/>		"TRICK" OR LOCKED KNEE
<input checked="" type="checkbox"/>		DIPHTHERIA	<input checked="" type="checkbox"/>		TUBERCULOSIS	<input checked="" type="checkbox"/>		RUPTURE	<input checked="" type="checkbox"/>		FOOT TROUBLE
<input checked="" type="checkbox"/>		RHEUMATIC FEVER	<input checked="" type="checkbox"/>		SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>		APPENDICITIS	<input checked="" type="checkbox"/>		NEURITIS
<input checked="" type="checkbox"/>		SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>		ASTHMA	<input checked="" type="checkbox"/>		PILES OR RECTAL DISEASE	<input checked="" type="checkbox"/>		PARALYSIS (Inc. infantile)
<input checked="" type="checkbox"/>		MUMPS	<input checked="" type="checkbox"/>		SHORTNESS OF BREATH	<input checked="" type="checkbox"/>		FREQUENT OR PAINFUL URINATION	<input checked="" type="checkbox"/>		EPILEPSY OR FITS
<input checked="" type="checkbox"/>		WHOOPING COUGH	<input checked="" type="checkbox"/>		PAIN OR PRESSURE IN CHEST	<input checked="" type="checkbox"/>		KIDNEY STONE OR BLOOD IN URINE	<input checked="" type="checkbox"/>		CAR, TRAIN, SEA, OR AIR SICKNESS
<input checked="" type="checkbox"/>		FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>		CHRONIC COUGH	<input checked="" type="checkbox"/>		SUGAR OR ALBUMIN IN URINE	<input checked="" type="checkbox"/>		FREQUENT TROUBLE SLEEPING
<input checked="" type="checkbox"/>		DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>		PALPITATION OR POUNDING HEART	<input checked="" type="checkbox"/>		BOILS	<input checked="" type="checkbox"/>		FREQUENT OR TERRIFYING NIGHTMARES
<input checked="" type="checkbox"/>		EYE TROUBLE	<input checked="" type="checkbox"/>		HIGH OR LOW BLOOD PRESSURE	<input checked="" type="checkbox"/>		VENEREAL DISEASE	<input checked="" type="checkbox"/>		DEPRESSION OR EXCESSIVE WORRY
<input checked="" type="checkbox"/>		EAR, NOSE OR THROAT TROUBLE	<input checked="" type="checkbox"/>		CRAMPS IN YOUR LEGS	<input checked="" type="checkbox"/>		RECENT GAIN OR LOSS OF WEIGHT	<input checked="" type="checkbox"/>		LOSS OF MEMORY OR AMNESIA
<input checked="" type="checkbox"/>		RUNNING EARS	<input checked="" type="checkbox"/>		FREQUENT INDIGESTION	<input checked="" type="checkbox"/>		ARTHRITIS OR RHEUMATISM	<input checked="" type="checkbox"/>		BED WETTING
<input checked="" type="checkbox"/>		CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>		STOMACH, LIVER OR INTESTINAL TROUBLE	<input checked="" type="checkbox"/>		BONE, JOINT, OR OTHER DEFORMITY	<input checked="" type="checkbox"/>		NERVOUS TROUBLE OF ANY SORT
<input checked="" type="checkbox"/>		SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>		GALL BLADDER TROUBLE OR GALL STONES	<input checked="" type="checkbox"/>		LAMENESS	<input checked="" type="checkbox"/>		ANY DRUG OR NARCOTIC HABIT
<input checked="" type="checkbox"/>		SINUSITIS	<input checked="" type="checkbox"/>		JAUNDICE	<input checked="" type="checkbox"/>		LOSS OF ARM, LEG, FINGER, OR TOE	<input checked="" type="checkbox"/>		EXCESSIVE DRINKING HABIT
<input checked="" type="checkbox"/>		HAY FEVER	<input checked="" type="checkbox"/>		ANY REACTION TO SERUM, DRUG OR MEDICINE	<input checked="" type="checkbox"/>		PAINFUL OR "TRICK" SHOULDER OR ELBOW	<input checked="" type="checkbox"/>		HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (Check each item)

<input checked="" type="checkbox"/>	WORN GLASSES	<input checked="" type="checkbox"/>	ATTEMPTED SUICIDE
<input checked="" type="checkbox"/>	WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>	BEEN A SLEEP WALKER
<input checked="" type="checkbox"/>	WORN HEARING AIDS	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS
<input checked="" type="checkbox"/>	STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>	COUGHED UP BLOOD
<input checked="" type="checkbox"/>	WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>	bled EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION

22. FEMALES ONLY: A. HAVE YOU EVER--

<input type="checkbox"/>	BEEN PREGNANT	<input type="checkbox"/>	AGE AT ONSET OF MENSTRUATION
<input type="checkbox"/>	HAD A VAGINAL DISCHARGE	<input type="checkbox"/>	INTERVAL BETWEEN PERIODS
<input type="checkbox"/>	BEEN TREATED FOR A FEMALE DISORDER	<input type="checkbox"/>	DURATION OF PERIODS
<input type="checkbox"/>	HAD PAINFUL MENSTRUATION	<input type="checkbox"/>	DATE OF LAST PERIOD
<input type="checkbox"/>	HAD IRREGULAR MENSTRUATION	<input type="checkbox"/>	QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY

23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?

24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS

25. WHAT IS YOUR USUAL OCCUPATION?

26. ARE YOU (Check one)

☐ RIGHT HANDED ☐ LEFT HANDED

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
	<input checked="" type="checkbox"/>	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
	<input checked="" type="checkbox"/>	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
	<input checked="" type="checkbox"/>	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
<input checked="" type="checkbox"/>		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
	<input checked="" type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

32) appendectomy - Age 3; prolapse of rectum - Age - 22; laminectomy - Age 42;

35) Naval Hospital - 1960.

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

SIGNATURE

James Field Bland

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 20 thru 39)

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

SIGNATURE

NUMBER OF ATTACHED SHEETS

# REPORT OF MEDICAL HISTORY

## U.S. Civil Service Employees and Applicants

Budget Bureau  
Approved 50-R0390

This information is for official and medically-confidential use only and will not be released to unauthorized persons.

1. LAST NAME—FIRST NAME—MIDDLE NAME <u>Bland James Field</u>		2. TITLE OF POSITION <u>Inspector</u>	3. SOCIAL SECURITY NUMBER <u>215 44 8102</u>
4. HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code) <u>4310 Rosedale Ave, Bethesda, Md 20014</u>		5. PURPOSE OF EXAMINATION <u>Annual</u>	6. DATE OF EXAMINATION <u>1/16/69</u>
7. SEX <u>M</u>	8. TOTAL YEARS GOVERNMENT SERVICE MILITARY <u>0</u> CIVILIAN <u>0</u>	9. AGENCY <u>F.B.I.</u>	10. ORGANIZATION UNIT
11. DATE OF BIRTH <u>5-6-17</u>	12. PLACE OF BIRTH <u>Gower, Missouri</u>	13. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Including ZIP Code)	

14. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

Good

15. DO YOU (Please check at left of each item):			16. HAVE YOU EVER (Please check at left of each item):		
YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	WEAR GLASSES OR CONTACT LENSES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LIED WITH ANYONE WHO HAD TUBERCULOSIS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAVE VISION IN BOTH EYES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	COUGHED UP BLOOD
<input type="checkbox"/>	<input checked="" type="checkbox"/>	WEAR A HEARING AID	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION
<input type="checkbox"/>	<input checked="" type="checkbox"/>	STUTTER OR STAMMER HABITUALLY			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	WEAR A BRACE OR BACK SUPPORT			

17. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item):											
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCARLET FEVER, ERYSIPELAS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ASTHMA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RECENT GAIN OR LOSS OF WEIGHT
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIPHTHERIA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHORTNESS OF BREATH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ARTHRITIS OR RHEUMATISM
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RHEUMATIC FEVER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PAIN OR PRESSURE IN CHEST	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BONE, JOINT, OR OTHER DEFORMITY
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SWOLLEN OR PAINFUL JOINTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CHRONIC COUGH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LAMENESS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MUMPS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PALPITATION OR POUNDING HEART	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOSS OF ARM, LEG, FINGER, OR TOE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	COLOR BLINDNESS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HIGH OR LOW BLOOD PRESSURE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PAINFUL OR "TRICK" SHOULDER OR ELBOW
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR SEVERE HEADACHE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CRAMPS IN YOUR LEGS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RECURRENT BACK PAIN
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DIZZINESS OR FAINTING SPELLS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT INDIGESTION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"TRICK" OR LOCKED KNEE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EYE TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	STOMACH, LIVER, OR INTESTINAL TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FOOT TROUBLE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EAR, NOSE, OR THROAT TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GALL BLADDER TROUBLE OR GALLSTONES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NEURITIS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RUNNING EARS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	JAUNDICE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PARALYSIS (Inc. infantile)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HEARING LOSS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ANY ADVERSE REACTION TO SERUM, DRUG, OR MEDICINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EPILEPSY OR FITS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CHRONIC OR FREQUENT COLDS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BROKEN BONES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAR, TRAIN, SEA, OR AIR SICKNESS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SEVERE TOOTH OR GUM TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TUMOR, GROWTH, CYST, OR CANCER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT TROUBLE SLEEPING
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SINUSITIS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RUPTURE/HERNIA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR TERRIFYING NIGHTMARES
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MAY FEVER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APPENDICITIS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DEPRESSION OR EXCESSIVE WORRY
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HEAD INJURY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PILES OR RECTAL DISEASE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOSS OF MEMORY OR AMNESIA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SKIN DISEASES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR PAINFUL URINATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NERVOUS TROUBLE OF ANY SORT
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GOITER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	KIDNEY STONE OR BLOOD IN URINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ANY DRUG OR NARCOTIC HABIT
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TUBERCULOSIS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUGAR OR ALBUMIN IN URINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EXCESSIVE DRINKING HABIT
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SOAKING SWEATS (Night sweats)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BOILS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PERIODS OF UNCONSCIOUSNESS

18. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?	19. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS	20. WHAT IS YOUR USUAL OCCUPATION?	21. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED
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Do Not Transmit Enclosed Material  
With Official Personnel Folder.

OPTIONAL FORM 58  
MAY 1968  
U.S. CIVIL SERVICE COMMISSION  
FPM CHAPTER 293  
5058-101



YES	NO	CHOOSE ONE: YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN DETAIL ON RIGHT
	<input checked="" type="checkbox"/>	22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	23. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCES?
	<input checked="" type="checkbox"/>	24. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
<input checked="" type="checkbox"/>		25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
<input checked="" type="checkbox"/>		26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital)
<input checked="" type="checkbox"/>		27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	<input checked="" type="checkbox"/>	28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	29. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

appendectomy - 1920; Ruptured disc (spinal) - 1960;  
 Hemorrhoidectomy - 1940;  
 appendectomy - 1920 Mo. Methodist Hosp. - St Joseph, Mo.  
 Ruptured disc - Naval Medical Hosp. - 1960  
 Hemorrhoidectomy - Presbyterian Hosp. - Chicago, Ill 1940  
 Broken leg - 1919; Broken shoulder blade & collar bone - 1939; Broken arm 1927

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.  
 I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

James Field Bland

SIGNATURE

James Field Bland

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA, (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

Allergy to Sulfa  
 Adenomatous polyps removed  
 from rectum a few years ago

b6  
b7c

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

NUMBER OF ATTACHED SHEETS

# REPORT OF MEDICAL HISTORY

## U.S. Civil Service Employees and Applicants

Budget Bureau  
Approved 50-R0390

This information is for official and medically-confidential use only and will not be released to unauthorized persons.

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>BLAND, JAMES F.</b>		2. TITLE OF POSITION <b>Inspector Special Agent</b>	3. SOCIAL SECURITY NUMBER <b>215 144 18102</b>
4. HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code)		5. PURPOSE OF EXAMINATION <b>Annual</b>	6. DATE OF EXAMINATION <b>1/20/70</b>
7. SEX <b>M</b>	8. TOTAL YEARS GOVERNMENT SERVICE <b>MILITARY: 20 CIVILIAN: 10</b>	9. AGENCY <b>FBI</b>	
10. ORGANIZATION UNIT		11. DATE OF BIRTH <b>5/6/17</b>	
12. PLACE OF BIRTH <b>Gower, Missouri</b>		13. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Including ZIP Code)	

14. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED: (Follow by description of past history, if complaint exists)

Good:

15. DO YOU (Please check at left of each item)		16. HAVE YOU EVER (Please check at left of each item)	
YES	NO	YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WEAR GLASSES OR CONTACT LENSES		LIVED WITH ANYONE WHO HAD TUBERCULOSIS	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HAVE VISION IN BOTH EYES		COUGHED UP BLOOD	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WEAR A HEARING AID		BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STUTTER OR STAMMER HABITUALLY		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEAR A BRACE OR BACK SUPPORT		<input type="checkbox"/>	<input type="checkbox"/>

17. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)				18. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)			
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCARLET FEVER; ERYSIPELAS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ASTHMA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DIPHTHERIA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHORTNESS OF BREATH
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RHEUMATIC FEVER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PAIN OR PRESSURE IN CHEST
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SWOLLEN OR PAINFUL JOINTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CHRONIC COUGH
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MUMPS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PALPITATION OR POUNDING HEART
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COLOR BLINDNESS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HIGH OR LOW BLOOD PRESSURE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR SEVERE HEADACHE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CRAMPS IN YOUR LEGS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DIZZINESS OR FAINTING SPELLS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT INDIGESTION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EYE TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	STOMACH, LIVER, OR INTESTINAL TROUBLE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EAR, NOSE, OR THROAT TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GALL BLADDER TROUBLE OR GALLSTONES
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RUNNING EARS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	JAUNDICE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEARING LOSS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ANY ADVERSE REACTION TO SERUM, DRUG, OR MEDICINE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHRONIC OR FREQUENT COLDS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BROKEN BONES
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEVERE TOOTH OR GUM TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TUMOR, GROWTH, CYST, OR CANCER
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SINUSITIS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RUPTURE/HERNIA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAY FEVER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	APPENDICITIS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEAD INJURY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PILES OR RECTAL DISEASE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SKIN DISEASES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR PAINFUL URINATION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GOITER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KIDNEY STONE OR GLOBS IN URINE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULOSIS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUGAR OR ALBUMIN IN URINE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SOAKING SWEATS (Night sweats)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BOILS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

19. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? <b>1</b>	20. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS <b>28 yrs.</b>	21. WHAT IS YOUR USUAL OCCUPATION? <b>Inspector</b>	22. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED
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Do Not Transmit Enclosed Material  
With Official Personnel Folder.

OPTIONAL FORM 58  
MAY 1968  
U.S. CIVIL SERVICE COMMISSION  
FPM CHAPTER 293  
5058-101

YES	NO	CH	YES OR NO. EVERY ITEM CHECKED YES. MUST BE FULLY EXPLAINED IN BLOCK 32 ON RIGHT
	X		22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	X		B. INABILITY TO PERFORM CERTAIN MOTIONS
	X		C. INABILITY TO ASSUME CERTAIN POSITIONS
	X		D. OTHER MEDICAL REASONS (If yes, give reasons)
	X		23. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCES?
	X		24. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
X			25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
X			26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital)
	X		27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
X			28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details)
	X		29. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	X		30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	X		31. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

25. Appendectomy (1920) age 3; Tonsillectomy, age 18; Hemorrhoidectomy, age 20; Ruptured disc, age 43

26. Broken leg, Missouri Methodist Hospital, St. Joseph, Missouri, age 3.  
Tonsillectomy, Missouri Method. Hospital, St. Joseph, Missouri, age 18  
Hemorrhoidectomy, Presbyterian Hospital, Chicago, Illinois, age 20.

U. S. Naval Hospital, Bethesda, Md. ruptured disc 1960, Proctology consult-sigmoidoscope March and Sept. 1964, small polyp removed from rectum March, 1964; Family Doctor [redacted]

Md. - minor colds

28. - See 26

b6  
b7C

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

James F. Bland

SIGNATURE

James F. Bland

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE TO BE OPENED BY MEDICAL OFFICER ONLY.

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 15 through 31; Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

b6  
b7C

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

30 Jan 74

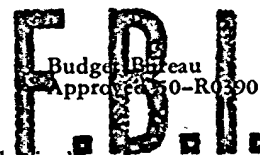
SIGNATURE

[redacted]

NUMBER OF ATTACHED SHEETS

# REPORT OF MEDICAL HISTORY

## U.S. Civil Service Employees and Applicants



This information is for official and medically-confidential use only and will not be released to unauthorized persons.

1. LAST NAME—FIRST NAME—MIDDLE NAME <b>Bland James Field</b>		2. TITLE OF POSITION <b>Inspector</b>	3. SOCIAL SECURITY NUMBER <b>215 441 8102</b>
4. HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code) <b>4310 Rosedale Ave Bethesda, Md. 20014</b>		5. PURPOSE OF EXAMINATION <b>Annual</b>	6. DATE OF EXAMINATION <b>2-10-71</b>
7. SEX <b>M</b>	8. TOTAL YEARS GOVERNMENT SERVICE MILITARY <input type="checkbox"/> CIVILIAN <input checked="" type="checkbox"/>	9. AGENCY <b>F.B.I.</b>	10. ORGANIZATION UNIT
11. DATE OF BIRTH <b>5-6-17</b>	12. PLACE OF BIRTH <b>Gower, Missouri</b>	13. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Including ZIP Code)	
14. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)  <b>Good</b>			

15. DO YOU (Please check at left of each item):			16. HAVE YOU EVER (Please check at left of each item):		
YES	NO	(Check each item)	YES	NO	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	WEAR GLASSES OR CONTACT LENSES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAVE VISION IN BOTH EYES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	COUGHED UP BLOOD
<input type="checkbox"/>	<input checked="" type="checkbox"/>	WEAR A HEARING AID	<input type="checkbox"/>	<input checked="" type="checkbox"/>	bled excessively after injury or tooth extraction
<input type="checkbox"/>	<input checked="" type="checkbox"/>	STUTTER OR STAMMER HABITUALLY			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	WEAR A BRACE OR BACK SUPPORT			

17. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item):											
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCARLET FEVER, ERYSIPELAS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ASTHMA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RECENT GAIN OR LOSS OF WEIGHT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DIPHTHERIA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SHORTNESS OF BREATH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ARTHRITIS OR RHEUMATISM
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RHEUMATIC FEVER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PAIN OR PRESSURE IN CHEST	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BONE, JOINT, OR OTHER DEFORMITY
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SWOLLEN OR PAINFUL JOINTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CHRONIC COUGH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LAMENESS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MUMPS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PALPITATION OR POUNDING HEART	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOSS OF ARM, LEG, FINGER, OR TOE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COLOR BLINDNESS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HIGH OR LOW BLOOD PRESSURE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PAINFUL OR "TRICK" SHOULDER OR ELBOW
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR SEVERE HEADACHE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CRAMPS IN YOUR LEGS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RECURRENT BACK PAIN
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DIZZINESS OR FAINTING SPELLS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT INDIGESTION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"TRICK" OR LOCKED KNEE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EYE TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	STOMACH, LIVER, OR INTESTINAL TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FOOT TROUBLE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EAR, NOSE, OR THROAT TROUBLE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GALL BLADDER TROUBLE OR GALLSTONES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NEURITIS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RUNNING EARS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	JAUNDICE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PARALYSIS (Inc. infantile)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEARING LOSS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ANY ADVERSE REACTION TO SERUM, DRUG, OR MEDICINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EPILEPSY OR FITS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHRONIC OR FREQUENT COLDS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BROKEN BONES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CAR, TRAIN, SEA, OR AIR SICKNESS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TUMOR, GROWTH, CYST, OR CANCER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT TROUBLE SLEEPING
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SINUSITIS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RUPTURE/HERNIA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR TERRIFYING NIGHTMARES
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAY FEVER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	APPENDICITIS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DEPRESSION OR EXCESSIVE WORRY
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEAD INJURY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PILES OR RECTAL DISEASE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LOSS OF MEMORY OR AMNESIA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SKIN DISEASES	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR PAINFUL URINATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NERVOUS TROUBLE OF ANY SORT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GOITER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KIDNEY STONE OR BLOOD IN URINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ANY DRUG OR NARCOTIC HABIT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULOSIS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUGAR OR ALBUMIN IN URINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EXCESSIVE DRINKING HABIT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SOAKING SWEATS (Night sweats)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BOILS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PERIODS OF UNCONSCIOUSNESS

18. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?	19. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS	20. WHAT IS YOUR USUAL OCCUPATION?	21. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED
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Do Not Remove This Material  
With Official Personnel Folder.

OPTIONAL FORM 58  
MAY 1968  
U.S. CIVIL SERVICE COMMISSION  
FPM CHAPTER 293  
5058-101

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	✓	22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	✓	B. INABILITY TO PERFORM CERTAIN MOTIONS
	✓	C. INABILITY TO ASSUME CERTAIN POSITIONS
	✓	D. OTHER MEDICAL REASONS (If yes, give reasons)
	✓	23. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	✓	24. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
✓		25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
✓		26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital)
✓		27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
	✓	28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details)
	✓	29. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	✓	30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	✓	31. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

Appendectomy (1920) Tonsillectomy (1937)  
Piles (1938) Ruptured disc (1960)  
Yes - see above - Append. Mo. Methodist Hospital  
St. Joseph Mo. same for Tonsil.; Piles: Presbyterian  
Hospital, Chicago, I.L.L.; Disc - Naval Hospital,  
Bethesda, Md.  
Broken leg - 1919. Broken arm - 1927; Broken  
collar bone & ribs 1939;

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

James Field Bland

SIGNATURE

James Field Bland

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

Wears glasses for 4 years. Allergic to sulfa.  
Appendectomy in 1920 T & A in 1937  
Hemorrhoidectomy and repair of rectal  
prolapse in 1938  
Ruptured disc (L3) removed in 1960  
Fx of L hip in 1919, R wrist in 1927,  
R clavicle & R lat. ribs in 1939.  
Benign rectal polyp removed in 1964.

b6  
b7C

b6  
b7C

TYPED OR PRINTED NAME OF EXAMINER

LT., MC, USNR

DATE

10 Feb. 71

SIGNATURE

LT., MC, USNR

NUMBER OF ATTACHED  
SHEETS

10

PRINTING OFFICE: 1968 O-506-463 (44-H)

CLINICAL RECORD						ELECTROCARDIOGRAPHIC RECORD		PREVIOUS ECG	
CLINICAL IMPRESSION						MEDICATION		<input type="checkbox"/> YES	<input type="checkbox"/> NO
								<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> BEDSIDE
								<input type="checkbox"/> ROUTINE	<input type="checkbox"/> AMBULANT
AGE	SEX	RACE	HEIGHT	WEIGHT	B. P.	SIGNATURE OF WARD PHYSICIAN			DATE
	M		5-9	164					6/5/62 @ 1115
45 RHYTHM						AXIS DEVIATION (QRS)		RATES	
Normal sinus								AURIC.	VENT.
INTERVALS						P WAVES		72	
PR						QRS		QT	
QRS COMPLEXES						.06		.32	
Normal						Normal			
RS-T SEGMENT						T WAVES			
Normal						Normal			
UNIPOLAR EXTREMITY LEADS (Specify)									

PRECORDIAL LEADS (Specify)

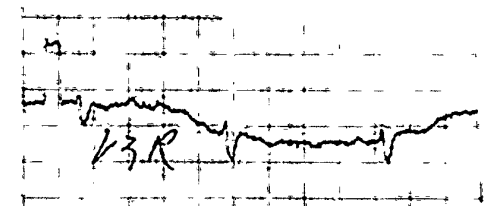
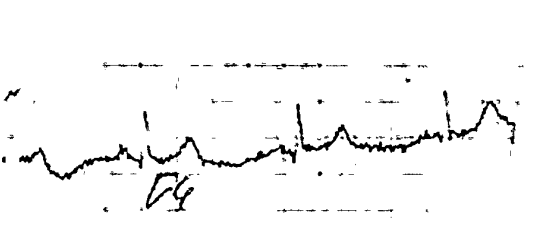
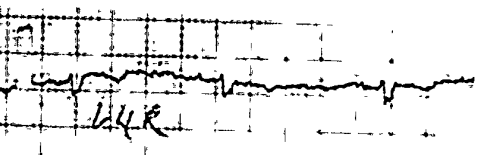
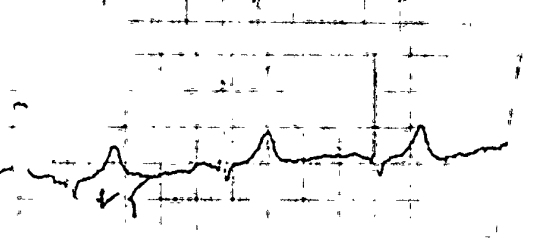
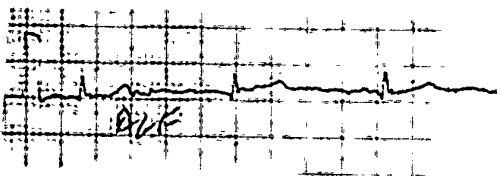
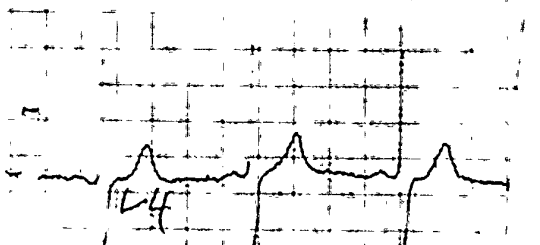
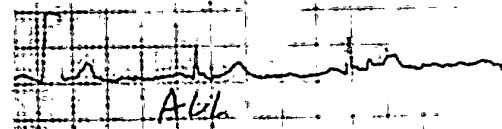
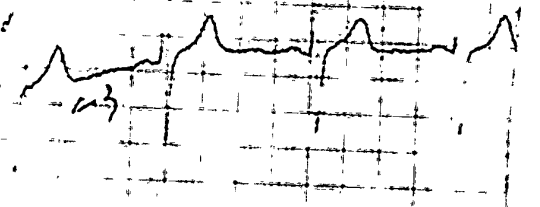
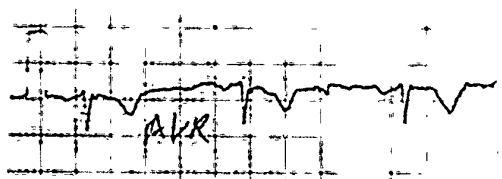
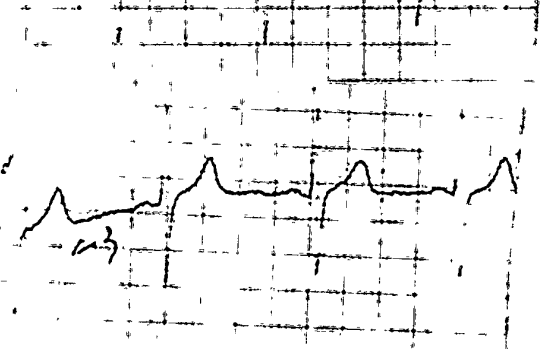
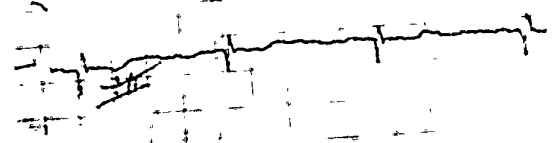
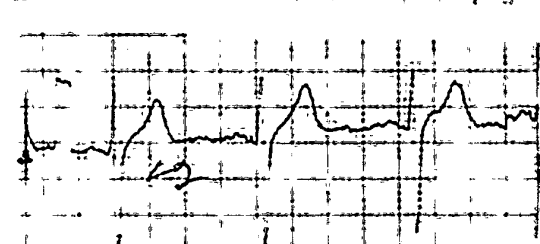
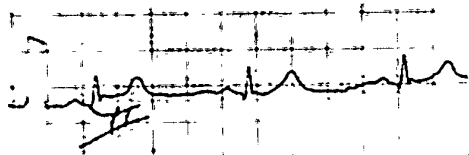
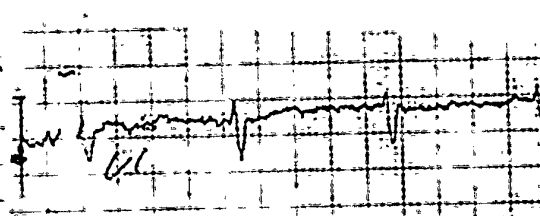
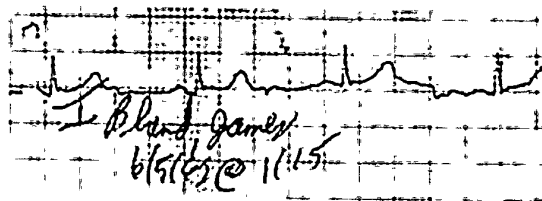
SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

1. Within normal limits

b6  
b7C

(Continue on reverse)

NO.	SIGNATURE	TITLE	DATE
ECG 13833		LT MCUSN	6/8/62
PATIENT'S IDENTIFICATION (For typed or written entries give: name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.
BLAND JAMES F FBI USNH NMC BETHSEDA, MD			ST. CL




<b>CLINICAL RECORD</b>						<b>ELECTROCARDIOGRAPHIC RECORD</b>						PREVIOUS ECG <input type="checkbox"/> YES <input type="checkbox"/> NO	
CLINICAL IMPRESSION						MEDICATION						<input type="checkbox"/> EMERGENCY <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ROUTINE <input type="checkbox"/> AMBULANT	
AGE 45	SEX M	RACE	HEIGHT 5-9	WEIGHT 164	B. P.	SIGNATURE OF WARD PHYSICIAN						DATE 6/5/62 1115	
RHYTHM Normal sinus rhythm						AXIS DEVIATION (QRS) plus 30 degrees						RATES AURIC.    VENT. 72	
INTERVALS PR .12    QRS .06    QT .32						P WAVES Normal							
QRS COMPLEXES Normal													
RS-T SEGMENT Normal						T WAVES Normal							
UNIPOLAR EXTREMITY LEADS (Specify)													

PRECORDIAL LEADS (Specify)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

1.) WITHIN NORMAL LIMITS

b6  
b7C

NO. ECG 13833		SIGNATURE 		TITLE I.T. MC IISN		DATE 6/7/62	
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)						REGISTER NO.	
						WARD NO.	
STAFF CLINIC							

BLAND JAMES F.    FBI  
USNH NNMC BETHESDA MD.

ELECTROCARDIOGRAPHIC RECORD  
Standard Form 520  
520-104  
(Attach tracings to S. F. 507)



CLINICAL RECORD

ELECTROCARDIOGRAPHIC RECORD

PREVIOUS ECG

CLINICAL IMPRESSION

MEDICATION

☐ EMERGENCY

☐ BEDSIDE

☒ ROUTINE

☒ AMBULANT

AGE 46 SEX M RACE WUC. HEIGHT 69 WEIGHT 164 S. P. SIGNATURE OF WARD PHYSICIAN

DATE

3-2-64

RHYTHM

NSR

AXIS DEVIATION (QRS)

+30°

RATES

AURIC.

VENT.

69

INTERVALS

PR 15 QRS 07 QT 38

P WAVES

WNL

QRS COMPLEXES

WNL

RS-T SEGMENT

Early regularization

T WAVES

↓ II

UNIPOLAR EXTREMITY LEADS (Spcfy)

PRECARDIAL LEADS (Spcfy)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

WNL unchanged from 5-21-63

b6  
b7C

NO.

ECG

TITLE

DATE

3-2-64

PATIENT'S IDENTIFICATION (Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

FBI

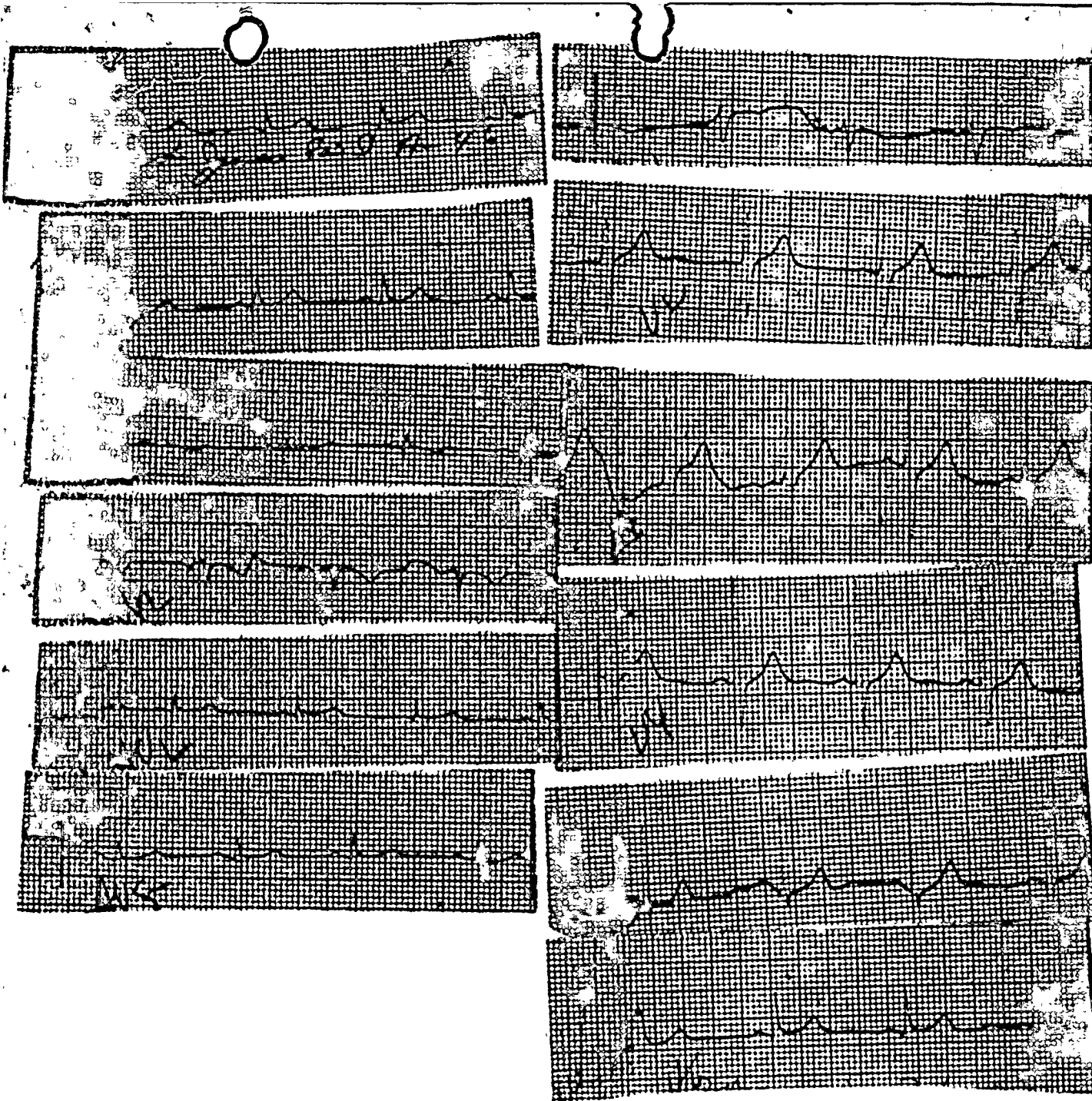
WARD NO.

STAFF CLINIC

BLAND, JAMES FIELD

SA-FBI

ELECTROCARDIOGRAPHIC RECORD  
Standard Form 599  
(Attach tracings to S. F. 507)



Name: BLAND JAMES F.  
OK

January 4, 1973

PERSONAL

Mr. James F. Eland  
Federal Bureau of Investigation  
Washington, D. C.

Dear Jim:

I have your letter of January 2, 1973, concerning retirement, and am sorry that you will soon be leaving.

Throughout more than thirty years of service to the FBI, you have made many significant contributions and I want to take this opportunity to thank you for your loyal and devoted help. The fine record you have established is one of which you can certainly be proud. I am pleased that you have enjoyed your association with the Bureau.

Your offer to be of future assistance is appreciated, and it is my hope that the future will be filled with happiness for Mrs. Eland and you.

RJS/cmkcmk(8)

Sincerely,

L. Patrick Gray III

1 - Mr. [ ] (Personal Attention) (Enclosure) There is attached a copy of Form 3-496 for your information. SA Bland will be interviewed in the Personnel Section and provided with pertinent retirement information.

1 - Miss [ ]

1 - Data Processing Section (Sent Direct)

1 - Miss [ ] (Last physical on 2-3-72)

1 - Mr. [ ] - SA Bland's cease active duty date is 1-26-73. EOD 8-25-41, SA. Place on Special Correspondents' List as his services are satisfactory.

Forwarding address: 4310 Rosedale Avenue, Bethesda, Maryland 20014.

ENCLOSURE

NOTE: SA Bland is qualified by age and service for retirement under liberalized provisions of the Civil Service Retirement Act. He is assigned as an Inspector, Mr. Gray's Office, in GS-17, \$36,000 per annum.

7 FEB 14 1973

MAIL ROOM ☐

TELETYPE UNIT ☐

Felt \_\_\_\_\_  
Baker \_\_\_\_\_  
Callahan \_\_\_\_\_  
Cleveland \_\_\_\_\_  
Conrad \_\_\_\_\_  
Dalbey \_\_\_\_\_  
Gebhardt \_\_\_\_\_  
Jenkins \_\_\_\_\_  
Marshall \_\_\_\_\_  
Miller, E.S. \_\_\_\_\_  
Purvis \_\_\_\_\_  
Soyars \_\_\_\_\_  
Walters \_\_\_\_\_  
Tele. Room \_\_\_\_\_  
Mr. Kinley \_\_\_\_\_  
Mr. Armstrong \_\_\_\_\_  
Ms. Herwig \_\_\_\_\_  
Mrs. Neenan \_\_\_\_\_

SCC  
Mailing List  
1/29/73  
Change Noted  
add mly

Done  
1-8-73  
RJD

TJE  
SRB

HNB  
per

mcy msc

281

Name: **James F. Bland**Date: **1-4-73**

## APPLICATION

- ☒ The "Application for Retirement" will be forwarded by the Bureau to the Civil Service Commission (CSC) for approval.
- ☐ The enclosed "Application for Retirement" should be executed (or changed as indicated below) and promptly returned to the Bureau for forwarding to the Civil Service Commission (CSC) for approval. The information sheet attached to the application is for your records and you should detach it before sending in the application.

## DEPOSIT OR REDEPOSIT

Making either a deposit or redeposit is optional. Such amounts are paid directly by you to CSC; therefore, it is possible that you have already made the deposit or redeposit indicated below without the Bureau's knowledge, having dealt directly with CSC. If so, you may ignore this matter now. If not, after a review of the approximate annuity figures shown below, should you decide to make a deposit or redeposit, you should request Bureau to forward Standard Form 2803 to you. Return this form to the Bureau.

- ☒ Not applicable.
- ☐ The deposit you may owe is a payment to the retirement fund to cover a period of service during which no retirement deductions were withheld from salary. Credit is given for service not covered by deductions; however, if the deposit is not paid, your annuity will be reduced each year by 10% of the amount due as deposit. The amount you may owe is approximately \$\_\_\_\_\_.
- ☐ The redeposit you may owe is a payment to the retirement fund to cover a period of service for which retirement deductions were withheld from your salary but later refunded to you following your separation from civilian employment. No credit is allowed in the computation of annuity for the period of service covered by the refund unless redeposit is made. The amount you may owe is approximately \$\_\_\_\_\_.

## ANNUITY

Annuities are computed on 27 months of service. The estimated annuity below is based on your ☒ Bureau service, including 0 year, 11 months, 27 days of accrued sick leave, ☐ other civilian Government service and/or ☐ military service known to us, totalling 32 years, 5 months, 2 days. CSC makes the official computations and determines whether prior service is creditable, advising you direct the exact amount of your annuity. The figures below are only estimates, and they do not take account of deduction for health insurance coverage. You should receive the first annuity check about 2 months after separating from the Bureau's rolls. Separation for disability retirement or for SA retirement cannot be made final until CSC has notified FBI of the approval of your application.

## TYPES OF ANNUITY

## Married applicants only

	With Deposit	Without Deposit	With Redeposit	Without Redeposit	With Deposit & Redeposit
<input checked="" type="checkbox"/> Reduced Type of Annuity with benefit to Spouse (See over, next to last paragraph, Health Benefits Program) \$ <u>1755</u>	\$_____	\$_____	\$_____	\$_____	\$_____
<input checked="" type="checkbox"/> Annuity Without Survivor Benefit \$ <u>1925</u>	\$_____	\$_____	\$_____	\$_____	\$_____
Unmarried applicants only (Including Widowed or Divorced)					
<input type="checkbox"/> Annuity without Survivor Benefit \$_____	\$_____	\$_____	\$_____	\$_____	\$_____
<input type="checkbox"/> Reduced Annuity With Benefit to Person having an Insurable Interest \$_____	\$_____	\$_____	\$_____	\$_____	\$_____
<input type="checkbox"/> Survivor Annuity (55% of all or the portion of your annuity specified) \$_____	\$_____	\$_____	\$_____	\$_____	\$_____

plus annuity for each eligible child.

## SEPARATION FROM ROLLS

Since you ☒ will cease active duty ☐ ceased active duty on 1-20-73 your annuity will commence 1-30-73 immediately following the ☐ cease active duty date or ☒ expiration of current accrued annual leave on 1-29-73 earned through 1-10-73. Item B2 on application ☐ changed to ☐ should be changed to close of business

If ☐ annual leave or sick leave was or will be used by you subsequent to 1-10-73 this may change the effective date of your retirement and shorten your total length of service. Bureau should be advised immediately of any such change.

- ☐ If retirement is for disability, separation takes effect after the approval of CSC is received by the Bureau or after the expiration of any accrued sick leave, whichever occurs later. Under Internal Revenue Service regulations, some sick pay and disability income is not taxable; thus, you may be able to exclude from Federal income tax liability all or a part of the payments you receive for sick leave used prior to the date your annuity commenced, as well as for annuity received as a disability annuitant. Any such exemption would terminate when you reach normal retirement age. Thereafter, this annuity would be Federal income tax-free until you had drawn as annuity an amount equal to the retirement deductions from your salary while you were working. CSC will advise you of this amount.
- ☒ If retirement is not for disability, the "sick pay" exclusion is not permissible. Once you have received in annuity as much as was deducted from your salary for retirement purposes, you are subject to Federal Income Tax on the rest. CSC will advise how much was deducted. Only if you were incapacitated and were granted extended sick and/or annual leave for sick leave exceeding thirty calendar days prior to separation for retirement might you qualify for a "sick pay" exclusion for the leave period.
- ☒ Questions you may have as an annuitant regarding your income tax liability or privileges can be answered by the Internal Revenue Service. Internal Revenue Publication, Comprehensive Tax Guide to U.S. Civil Service Retirement Benefits, may be of assistance to you. Note: You are required to file a Federal gift tax return, Form 709, if you elect a reduced annuity with benefit to surviving spouse. In the usual case it is unlikely any tax will be payable; however, a tax return must be filed.
- ☒ You should send CSC over your signature any change in address, setting out your CSA (retirement) number.
- ☒ Following your separation date, you will receive a lump-sum payment for your accumulated annual leave in the approximate amount of \$ 6,700. A deduction for Federal income tax has been made from this estimate.

67-200486-281  
ENCLOSURE

3/erik

(over)

**FEDERAL EMPLOYEES' GROUP LIFE INSURANCE**

- ☐ Records show you elected Optional Insurance of \$10,000 and have Regular Insurance of \$38,000.
- ☒ Records show you declined Optional Insurance but are covered by Regular Insurance of \$38,000.
- ☐ Records show you waived both Regular and Optional Insurance.

You may continue your group life insurance coverage following retirement or convert it to an individual life insurance policy without being required to undergo a physical examination. Conversion to an individual life insurance policy necessitates paying the usual premium for a person of your age and class of risk. If you decide to convert, the Bureau should be immediately advised. Otherwise, SF-56, "Agency Certification of Insurance Status," will be forwarded to CSC and a copy sent to you. If you elect to continue Regular Insurance coverage, such protection will continue premium free until you reach age 65. At that time coverage will be reduced 75% (at 2% per month) by the time you reach age 68 years and 2 months. The remaining 25% is also premium free for the remainder of life. Optional Insurance of \$10,000, if continued after retirement, will be at full premium cost until you reach age 65. Thereafter, it is cost free for the remainder of life and commencing at age 65 it will be reduced 75% at the same rate as Regular Insurance. The premium cost of Optional Insurance varies as to age, beginning at \$2.82 monthly for persons under age 35 and ranging to \$41.17 monthly for persons age 60 or over. Optional Insurance may be continued after retirement if you continue to pay for it until age 65 provided you keep Regular Insurance. To retain the Optional Insurance requires no action, CSC will deduct the cost from your annuity. You must have had Optional Insurance for all of your service during which it was available (first offered in (1968) or for 12 years immediately before your retirement. Optional Insurance may be converted to an individual policy if you are not eligible to continue it or, if you do not wish Optional Insurance to be continued, you may waive coverage at any time by notifying CSC and still keep your Regular Insurance. Following retirement, double indemnity benefits concerning accidental death and dismemberment no longer exist for either Regular or Optional Insurance.

- ☐ You elected Optional Insurance on \_\_\_\_\_. If you desire to waive the insurance, you should submit SF-176. If you desire to convert the Optional Insurance, submit in duplicate a signed statement that you want to convert the Optional Insurance to an individual policy and wish to be informed how to do it.

Note: If the annuity of an insured retired employee is terminated under any applicable law or regulation, his regular and/or optional life insurance coverage stops on the date of such termination, with no conversion rights thereafter.

**DESIGNATION OF BENEFICIARY, STANDARD FORM 54, FEDERAL EMPLOYEES' GROUP LIFE INSURANCE FILED:**

- ☒ No. Beneficiary will be in order of precedence used by U.S. Government, i.e., (1) widow or widower, (2) children, (3) parents, etc.
- ☐ Yes; beneficiary designated as \_\_\_\_\_

This designation is being forwarded to CSC and it will remain valid unless changed or canceled. Contact CSC for any change desired following retirement.

**FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM**

- ☐ Records show you elected not to enroll.
- ☒ Records show you enrolled in the following plan:
- ☐ Government-wide Service Benefit Plan (Blue Cross - Blue Shield)
  - ☐ Government-wide Indemnity Benefit Plan (Aetna Life Insurance Company)
  - ☐ Comprehensive Medical Plan
  - ☒ Special Agents Mutual Benefit Association (SAMBA) (See information below on SAMBA Life Insurance)

Unless you cancel your present health benefits enrollment, you will remain under your health benefits plan after retirement, and your enrollment will be transferred to CSC. The cost of your share of the plan will be deducted from your annuity by CSC.

Enrollment of an employee who dies while he is enrolled "for self and family" continues for his family if at least one family member is entitled to an annuity as the survivor. If the survivor annuitant is the only eligible family member, the retirement system will automatically change the enrollment to "self only."

The original of SF 2810, "Notice of Change in Health Benefits Enrollment," will be forwarded to you by the Bureau at a later date.

**SAMBA LIFE INSURANCE** - The life insurance you carry under SAMBA on yourself and dependents will continue in force until 1-10 or 7-10 coinciding with or next following the date of your retirement providing you pay the premium semi-annually. However, if premium for this coverage is withheld by payroll allotment, the life insurance ceases as of the date your separation for retirement becomes effective, with a 31-day grace period. If you desire to continue the protection beyond this time, you may do so without a physical examination on you, your spouse, and children under age 21. You may elect to continue to age 70 at group rates 50% of the life insurance on you, your spouse, and children as follows:

Your			Spouse and Children			
Pre-retirement Amount	Amount Continued at Retirement	Semi-Annual Cost	Pre-retirement Amount	Amount Continued at Retirement	Semi-Annual Cost	
			Spouse	Child	Spouse	Child
\$ 3,000	\$ 1,500	\$ 3.25				
7,000	3,500	12.25				
8,000	4,000	15.00	\$ 2,000	\$1,000	\$1,000	NONE
10,000	5,000	20.00	4,000	3,500	2,000	1,750
12,000	6,000	25.75	8,000	3,500	4,000	1,750
15,000	7,500	33.50	10,000	NONE	5,000	NONE
20,000	10,000	48.00				
23,000	11,500	58.50				
30,000	15,000	75.00				
35,000	17,500	87.50				

If you desire to convert 50% of your present life insurance, write within 31 days before your coverage terminates to SAMBA, Suite 750, 1325 G Street, Northwest, Washington, D. C. 20005. You may continue this coverage until January 10 or July 10 which coincides with or next follows your attainment of age 70. You will be billed on a semi-annually basis on January 10th and July 10th. At age 70, this coverage will terminate and you may then convert the amount of life insurance carried with SAMBA on you and your spouse to a regular policy with The Prudential Insurance Company of America.

At retirement the 50% of SAMBA Life Insurance that cannot be continued with SAMBA may be converted to a regular policy with Prudential on you and your spouse, but not on the children. The premium will be the same as if you and your spouse applied for an individual policy at that time. You may make the necessary conversion arrangement through the nearest Prudential Office.

**SPECIAL ACCIDENT AND TRAVEL INSURANCE (SATI)**

If you are a member of SATI upon retirement, you cannot continue the Long Term Disability (In-Hospital Income, Salary Continuation and Pension Supplement). You may continue the Accidental Death, Dismemberment and Permanent Total Disability and the Accident Indemnification at the same rates and amounts to age 65. You may also continue the coverage on your spouse to age 65 and your dependent children to age 18 (or 23 if full-time student.) Upon attainment of age 65 you may only continue the Accidental Death and Dismemberment but not the Permanent Total Disability portion to a maximum of \$25,000 on you and your spouse to age 75. The cost will be 19¢ per month per thousand. Upon the death of an insured employee, the insured spouse and dependent children may continue their insurance until age 65 or age 18. The Accident Indemnification cannot be continued after age 65. If you retire due to disability and belong to SATI, you should contact Wright and Company, Suite 1222, 1001 Connecticut Avenue, N. W., Washington, D. C. 20036.

**ENCLOSURE**

- ☐ Standard Form 2801, "Application for Retirement"
- ☒ Standard Form 8, "Notice to Federal Employee About Unemployment Compensation"
- ☒ Pamphlet, "Your Retirement System."
- ☐ Standard Form 2801-B, "Physician's Statement," for disability retirement.

**ALSO COMPLETE AND CERTIFY OTHER SIDE OF THIS FORM**

# D. TYPE OF IMMEDIATE RETIREMENT

1. <input type="checkbox"/> AGE	• Enter date that notice of mandatory separation was given to employee _____ (Date)
2. <input checked="" type="checkbox"/> OPTIONAL (Voluntary)	• If retirement is under special provision for law enforcement employees, <u>attach</u> agency head's recommendation.
3. <input type="checkbox"/> DISCONTINUED SERVICE	• <u>Attach</u> certified summary of events leading to separation and copies of all relevant documents exchanged with employee.
4. <input type="checkbox"/> DISABILITY	• Prepare two copies of SF 2801-C, transmittal of medical documents, according to instructions on SF 2801-C. • <u>Attach Duplicate</u> copy of SF 2801-C to this form for submission with application for retirement, SF 2801. • <u>Send Original</u> copy of SF 2801-C with medical documents to civil service commission office having medical jurisdiction over disability retirement from the applicant's place of employment.

## E. FEDERAL EMPLOYEES GROUP LIFE INSURANCE AND HEALTH BENEFITS STATUS

1. IS APPLICANT ELIGIBLE TO CONTINUE GROUP LIFE INSURANCE COVERAGE DURING RETIREMENT? (See Federal Personnel Manual supplement 870-1, Life Insurance, subchapter S6, for detailed instructions)	
<input checked="" type="checkbox"/> YES. Enter following information below:  <input checked="" type="checkbox"/> Eligible to continue regular insurance only.  <input type="checkbox"/> Eligible to continue regular plus optional insurance; continuous optional insurance coverage since:  <div style="text-align: center;"> <b>2-8-68</b>            (Insert date of most recent SF 176, Election, Declination, or Waiver of life insurance coverage)         </div>	<input type="checkbox"/> NO. Give reason below:  <input type="checkbox"/> Less than 12 years service for life insurance purposes and retirement not for disability.  <input type="checkbox"/> Waived all life insurance coverage.  <input type="checkbox"/> Not eligible for life insurance.  <input type="checkbox"/> Other (specify) _____
2. IS APPLICANT ELIGIBLE TO CONTINUE FEDERAL EMPLOYEES HEALTH BENEFITS ENROLLMENT DURING RETIREMENT? (See Federal Personnel Manual supplement 890-1, health benefits, subchapter S14, for detailed instructions)	
<input checked="" type="checkbox"/> YES. Enter following information:  <div style="text-align: center;"> <b>442</b>            Enrollment Code Number  <b>3215243</b>            Carrier Control Number         </div>	<input type="checkbox"/> NO. Give reason below:  <input type="checkbox"/> Less than 12 years service for health benefits purposes and retirement not for disability.  <input type="checkbox"/> Not enrolled since first opportunity or for 5 years of service immediately before retirement, whichever is less.  <input type="checkbox"/> Not enrolled for health benefits. <input type="checkbox"/> Other (specify) _____
3. DOCUMENTATION: If employee is eligible to continue life insurance coverage and/or health benefits enrollment during retirement, determine which of the two procedures below will be followed in submitting SF 2801, Application for Retirement. After life insurance and/or health benefits actions have been taken, check appropriate box(es) below.	
<b>PROCEDURE 1: AGE, OPTIONAL, OR DISCONTINUED SERVICE RETIREMENT</b>  SF 2801 (Application for Retirement) and SF 2806 (Individual Retirement Record) will be submitted <u>after</u> separation for retirement.  <b>LIFE INSURANCE DOCUMENTATION</b> <input type="checkbox"/> Applicant eligible for continued life insurance coverage. Upon separation <u>attach</u> original copy of SF 56 (Agency Certification of Insurance Status). NOTE: Carefully observe instructions on SF 56 for attaching SF 54, Designation of Beneficiary if current SF 54 is on file in personnel folder.  <b>HEALTH BENEFITS DOCUMENTATION</b> <input type="checkbox"/> Applicant eligible for continued health benefits enrollment. Upon separation <u>attach</u> personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and <u>all</u> personnel folder copies of SF 2809 and SF 2810 together with any medical certificates.	<b>PROCEDURE 2: DISABILITY RETIREMENT OR LAW ENFORCEMENT EMPLOYEE</b>  SF 2801 (Application for Retirement) and SF 2806 (Preliminary Retirement Record) will be submitted for approval <u>before</u> separation for retirement.  <b>LIFE INSURANCE DOCUMENTATION</b> <input checked="" type="checkbox"/> Applicant eligible for continued life insurance coverage. Establish follow up to assure that <u>original</u> copy of SF 56 (Agency Certification of Insurance Status) and any current SF 54 (Designation of Beneficiary) will be attached to final SF 2806 (Individual Retirement Record) when submitted <u>after</u> separation for retirement.  <b>HEALTH BENEFITS DOCUMENTATION</b> <input checked="" type="checkbox"/> Applicant eligible for continued health benefits enrollment. Establish follow up to assure that personnel folder copy of SF 2810 (Transferring enrollment to Civil Service Retirement System) and <u>all</u> personnel folder copies of SF 2809 and SF 2810 together with any medical certificates are attached to <u>final</u> SF 2806, when submitted <u>after</u> separation for retirement.

## F. INSTRUCTIONS TO AGENCY PAYROLL OFFICE

1. Verify that life insurance and health benefits status as shown on this form are consistent with payroll records.  2. Be sure to post unused sick leave and confirmed pay status remarks on certified SF 2806, Individual Retirement Record.  3. Submit SF 2801, Application for Retirement, together with certified SF 2806, Individual Retirement Record, and required attachments, to the U.S. Civil Service Commission, Bureau of Retirement, Insurance, and Occupational Health, Washington, D.C. 20415, within time limits prescribed in FPM Supplement 831-1, Subchapter 2.
--

## G. AGENCY EMPLOYING OFFICE CERTIFICATION

I certify that the information contained on this form accurately reflects official personnel records in the custody of this agency.	
SIGNATURE OF AUTHORIZED AGENCY PERSONNEL OFFICIAL _____	
OFFICIAL TITLE <b>Personnel Officer</b>	DATE <b>1-4-73</b>
AGENCY NAME AND ADDRESS, INCLUDING ZIP CODE, AND TELEPHONE NUMBER, INCLUDING AREA CODE <b>FBI 202-324-3887</b> <b>9th St. &amp; Per Ave., N.W.</b> <b>Washington, C. 20535</b>	

January 2, 1973

b6  
b7C

Mr. Felt	_____
Mr. Baker	_____
Mr. Callahan	_____
Mr. Cleveland	_____
Mr. Conrad	_____
Mr. Dalbey	_____
Mr. Gebhardt	_____
Mr. Jenkins	_____
Mr. Marshall	_____
Mr. Miller, E.S.	_____
Mr. Purvis	_____
Mr. Soyars	_____
Mr. Walters	_____
Tele. Room	_____
Mr. Kinley	_____
Mr. Armstrong	_____
Ms. Herwig	_____
Mrs. Neenan	_____

Mr. L. Patrick Gray, III  
Acting Director  
Federal Bureau of Investigation  
Washington, D. C.

Dear Mr. Gray:

For personal reasons I request you approve  
my application for retirement from the FBI effective  
January 28, 1973.

Over the years the work of the FBI has been  
a great source of pride to me and I shall miss both the  
organization and the association with the wonderful people  
employed by the Bureau.

If I can be of service or assistance to the FBI,  
I hope I will be called upon.

Sincerely,

*James F. Bland*  
James F. Bland

ENCLOSURE

REC-147

7-000486-281  
Searched \_\_\_\_\_ Indexed \_\_\_\_\_  
2 FEB 5 1973

*Ack at 1-4-73*

*cmk*



DO-6  
OFFICE OF ACTING DIRECTOR  
FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE

*7* ☒ MR. FELT  
*Chick* ☐ MR. BAKER  
☒ MR. CALLAHAN  
☐ MR. CLEVELAND  
☐ MR. CONRAD  
☐ MR. DALBEY  
☐ MR. GEBHARDT  
☐ MR. JENKINS  
☐ MR. MARSHALL  
☐ MR. MILLER, E.S.  
☐ MR. PURVIS  
☐ MR. SOYARS  
☐ MR. WALTERS  
☐ TELE. ROOM  
☐ MR. KINLEY  
☐ MR. ARMSTRONG  
☐ MS. HERWIG  
☐ MRS. N

b6  
b7C

Approved. *[Signature]*

1-2-73

9:09AM

ENCLOSURE

67-200486-281

July 23, 1982

Mr. James F. Bland  
c/o A. L. Wilding  
209 Sheffield Road  
Williamsburg, Virginia 23185

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b7C

Dear Jim:

At the request of Mr. [ ] of [ ]  
[ ] I am enclosing a letter he has addressed to you.

With every good wish,

Sincerely,

13  
Roger S. Young  
Assistant Director in Charge  
Office of Congressional  
and Public Affairs

Enclosure

NOTE: First-name salutation per Mr. Young's Office. Address  
per mailing list. Mr. Bland retired from the Bureau in 1973.

CAM:dae (3)

MAILED 7  
JUL 26 1982  
FBI

Exec AD Adm. \_\_\_\_\_  
Exec AD Inv. \_\_\_\_\_  
Exec AD LES \_\_\_\_\_  
Asst. Dir.:  
Adm. Servs. \_\_\_\_\_  
Crim. Inv. \_\_\_\_\_  
Ident. \_\_\_\_\_  
Insp. \_\_\_\_\_  
Intell. \_\_\_\_\_  
Lab. \_\_\_\_\_  
Legal Coun. \_\_\_\_\_  
Off. Cong. &  
Public Affs. \_\_\_\_\_  
Rec. Mgnt. \_\_\_\_\_  
Tech. Servs. \_\_\_\_\_  
Training \_\_\_\_\_  
Telephone Rm. \_\_\_\_\_  
Director's Sec. \_\_\_\_\_

67-200486-282  
Searched..... Numbered.....  
3 JUL 30 1982

10 AUG 4 1982

Per [ ] Unit

Assistant Director  
Administrative Services Division

5/16/78

Legal Counsel

1 - Mr. [REDACTED]  
1 - Mr. [REDACTED]  
1 - Mr. [REDACTED]  
1 - Mr. [REDACTED]

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HOUSE SELECT COMMITTEE ON  
ASSASSINATIONS (HSCA)

PURPOSE: The purpose of this memorandum is to advise that the below listed employees have been released from their employment agreements.

DETAILS: To date, staff attorneys of the HSCA have conducted a number of interviews of Special Agents and former Special Agents in connection with the Committee's investigation into the assassination of Dr. Martin Luther King, Jr. Additional requests for agent interviews have been submitted by letters to the Attorney General from G. Robert Blakey, Chief Counsel and Director, HSCA. These agents, their offices of assignment or last known address, and the date of interview request are as follows:

<u>AGENT</u>	<u>OFFICE OF ASSIGNMENT OR LAST KNOWN ADDRESS</u>	<u>DATE OF REQUEST</u>
Richard E. Long	FBHQ	4/28/78
[REDACTED] (Former)	[REDACTED], Virginia	4/28/78

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DOC/TWB/pfm (21)

CONTINUED - OVER

- 1 - Personnel file of Richard E. Long
- 1 - Personnel file of [REDACTED]
- 1 - Personnel file of [REDACTED]
- 1 - Personnel file of [REDACTED]
- 1 - Personnel file of [REDACTED]
- 1 - Personnel file of Cartha D. DeLoach
- 1 - Personnel file of [REDACTED]
- 1 - Personnel file of Robert E. Wick
- 1 - Personnel file of Fred J. Baumgardner
- 1 - Personnel file of Joseph A. Sizoo
- 1 - Personnel file of Charles D. Brennan
- ① - Personnel file of James F. Bland
- 1 - Personnel file of [REDACTED]
- 1 - Personnel file of Paul L. Cox

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67-NOT RECORDED

3 JUL 12 1978

13

MEMORANDUM TO THE ASSOCIATE DIRECTOR  
RE: HOUSE SELECT COMMITTEE ON ASSASSINATIONS (HSCA)

<u>AGENT</u>	<u>OFFICE OF ASSIGNMENT OR LAST KNOWN ADDRESS</u>	<u>DATE OF REQUEST</u>
[redacted] (Former)	[redacted] Arizona	4/28/78
[redacted] (Former)	[redacted] Maryland	4/28/78
[redacted] (Former)	[redacted] Virginia	4/28/78
Cartha D. DeLoach (Former)	96 Perkins Road Greenwich, Conn. (914) 253-3027 (w)	4/28/78
[redacted] (Former)	[redacted] Virginia (w)	4/28/78
Robert E. Wick (Former)	1444 Grove Road Charlottesville, Virginia (804) 977-2331	4/28/78
Fred J. Baumgardner (Former)	10008 3rd Street Louisville, Kentucky	4/28/78
Joseph A. Sizoo (Former)	84A Pine Crescent Whispering Pines, North Carolina (919) 949-2922	4/28/78
Charles D. Brennan (Former)	487 North Owen Alexandria, Virginia 370-3751	4/28/78
James F. Bland (Former)	4310 Rosedale Avenue Bethesda, Maryland OL2-4671	4/28/78
[redacted] (Former)	[redacted] Virginia	4/28/78
Paul L. Cox (Former)	104 Skyline Circle Satellite Beach, Florida (305) 777-0799	4/28/78

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MEMORANDUM TO THE ASSISTANT DIRECTOR  
ADMINISTRATIVE SERVICES DIVISION  
RE: HOUSE SELECT COMMITTEE ON ASSASSINATIONS (HSCA)

9

The above agents will be telephonically advised by the Legal Liaison and Congressional Affairs Unit, Legal Counsel Division, and Congressional Inquiry Unit, Records Management Division, of the interest of the Committee and, prior to interview, Legal Counsel representatives will provide these agents with a briefing as to the scope and limitations of the interview.

RECOMMENDATIONS:

(1) That the Legal Counsel Division make appropriate notification to current employees regarding this matter.

(2) That the Congressional Inquiry Unit, Records Management Division, make appropriate notification to former employees regarding this matter.

September 13, 1976

- 1 - Personnel File
- 1 - Mr. [redacted]  
(Attn.: Mr. [redacted])
- 1 - Mr. [redacted]
- 1 - Mr. [redacted]
- 1 - Civil Litigation

Mr. James F. Bland  
4310 Rosedale Avenue  
Bethesda, Maryland 20014

Re: Socialist Workers Party, et al. v.  
The Attorney General, et al.  
(U.S.D.C., S.D. New York)  
Civil Action No. 73 CIV 3160 (TPG)

Dear Mr. Bland:

The purpose of this letter is to advise you that plaintiffs in captioned civil action have requested the identities of FBI employees whose names appear on documents revealing FBI break-ins directed against plaintiffs from 1960 through 1966, and that the United States Attorney's (USA) Office, Southern District of New York (SDNY), has indicated it will furnish your name in response to this request.

By way of background, the Socialist Workers Party (SWP), its youth group, the Young Socialist Alliance (YSA), and fifteen individual plaintiffs filed a complaint in this civil action during July, 1973, alleging that defendants have denied them constitutional rights as a political party. They seek money damages as well as broad injunctive relief. Defendants include the Director, FBI, and other governmental officers as well as John F. Malone, former Assistant Director in Charge, New York Office, and Special Agents [redacted], presently assigned Milwaukee Office, and [redacted], presently assigned New York Office.

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Pursuant to discovery orders, the Department of Justice, via the USA, SDNY, has produced a substantial volume of FBI documents in this civil action. Documents released

See Note Page 4

DUPLICATE YELLOW

67-NOT RECORDED  
GML/scr  
1(7) SEP 23 1976

Mr. James F. Bland

include those which reveal that from 1960 through 1966, the New York Office conducted 93 break-ins against the offices of SWP and YSA in New York City. When the break-in documents were produced, your name was deleted from them.

The USA's Office, SDNY, recently advised that plaintiffs have requested that they be furnished the identities of FBI personnel whose names appear on the entry documents. After exploring the matter with the Department of Justice, they see no sufficient legal ground for denying this request. Accordingly, information requested will be released to plaintiffs in the near future. AUSA [redacted] SDNY, has indicated that plaintiffs attorneys have stated to him that they will depose certain individuals whose names appear on the documents in an effort to obtain information to prosecute their lawsuit.

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In the event your deposition is noticed (you are notified your deposition will be taken) by plaintiffs, you may request Departmental representation. The Department has indicated, however, that potential conflicts of interest may preclude it from representing some Bureau personnel in this lawsuit. In such cases, however, the Department indicated that it may retain private counsel to represent the individual in question.

The Department has indicated that a continuing question is how an Agent or former Agent, who is a defendant in this case or who is scheduled to be deposed, can request outside representation. The Department agrees that it should not require the individual to waive any Fifth Amendment privilege. On the other hand, the Department must have sufficient information from the request to determine if a potential conflict exists and that the retention of private counsel is justified.

Mr. James F. Bland

In balancing these concerns, the Department has indicated that the best course to follow is to require the Agent who desires outside counsel to show in his letter to the Attorney General something along the following lines:

Re: Socialist Workers Party, et al. v.  
The Attorney General, et al.  
(U.S.D.C., S.D. New York)  
Civil Action No. 73 CIV 3160 (TPG)

Dear Mr. Attorney General:

My deposition has been noticed by plaintiffs in this lawsuit. By letter dated September 13, 1976, I was advised by Assistant Director John A. Mintz, Legal Counsel, FBI, that my name is being furnished to plaintiffs in connection with their request for the identities of FBI Agents whose names appear on New York Office documents revealing break-ins against Socialist Workers Party (SWP)/ Young Socialist Alliance (YSA) from 1960 through 1966. During the period \_\_\_\_\_ to \_\_\_\_\_ I was assigned to FBI Headquarters. I retired from the FBI on \_\_\_\_\_.

I have been advised by the Legal Counsel of the FBI that the Government's interest in defending this action may not permit Departmental attorneys to assert defenses to which I would otherwise be entitled. Accordingly, in order to avoid the potential for conflict, I hereby request the Department to retain private counsel to represent me in my individual capacity for the purposes of this action.

Sincerely yours,



Mr. James F. Bland

In the event your deposition is noticed and you desire to request authority to obtain private counsel at Government expense, address your letter to the Attorney General and forward it to the Director, FBI, Attention: Legal Counsel Division. We will furnish same to the Department.

Sincerely yours,

John A. Mintz  
Assistant Director - Legal Counsel

NOTE: On 9/10/76, AUSA [redacted] SDNY, advised that the FBI break-in documents in question reveal that J. F. Bland, FBIHQ official, gave oral authorization for the New York Office to conduct SWP/YSA break-ins on three different occasions. Mr. Bland's name is being furnished to plaintiffs pursuant to their discovery request.

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1 - Mr. J. B. Adams  
1 - Mr. J. A. Mintz  
1 - Mr. W. R. Wannall

The Attorney General

November 5, 1975

Director, FBI

1 - Mr. W. O. Cregar  
1 - Mr. S. F. Phillips

U. S. SENATE SELECT COMMITTEE  
ON INTELLIGENCE ACTIVITIES (SSC)

Enclosed is the original of a memorandum reporting the results of an interview conducted of former FBI Special Agent James F. Bland by SSC Staff Members. A copy of the memorandum is also enclosed for forwarding to Mr. James A. Wilderotter, Associate Counsel to the President.

Enclosures (2)

62-116395

1 - The Deputy Attorney General  
Attention: Michael E. Shaheen, Jr.  
Special Counsel for  
Intelligence Coordination

(1) - 67-

(Personnel file former SA James F. Bland)

SFP:mjg  
(10)

67-116395-11  
4 DEC 12 1975

1 - Mr. J. B. Adams  
1 - Mr. J. A. Mintz  
1 - Mr. W. R. Wannall  
1 - Mr. W. O. Cregar

62-116395

November 5, 1975

1 - Mr. S. F. Phillips

U. S. SENATE SELECT COMMITTEE  
TO STUDY GOVERNMENTAL OPERATIONS  
WITH RESPECT TO INTELLIGENCE ACTIVITIES (SSC)

RE: INTERVIEW OF FORMER FBI  
SPECIAL AGENT (SA) JAMES F. BLAND  
BY SSC STAFF MEMBERS.

The following concerns an interview of former FBI  
SA James F. Bland by SSC Staff Members.

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On September 3, 1975, Bland telephonically contacted the Legal Counsel Division of the FBI to advise that he had been contacted by [redacted], SSC Staff Member, and was requested to make himself available for a Staff interview concerning the history of the Security Index and the FBI's relationship with the Department of Justice concerning this matter. [redacted] advised Bland that the SSC Staff had been given a detailed briefing concerning this matter by FBI Assistant Director W. Raymond Wannall of the Intelligence Division.

Bland was advised by the Legal Counsel Division that he had a right to counsel during the interview; however, the Bureau could not provide him with private counsel. He was informed that there were certain areas to which he may properly refuse to answer questions. Those areas concerned:  
(1) where responses might tend to identify confidential sources,  
(2) information concerning sensitive investigative techniques,  
(3) information derived from other Government agencies including foreign intelligence sources, and (4) information, the disclosure of which, could adversely affect ongoing investigations.

Bland was subsequently released from his confidentiality agreement with the FBI for the purpose of the interview.

ORIGINAL AND ONE COPY TO AG

① - 67-

(Personnel file former SA James F. Bland)

SFP:mjg  
(9)

SEE NOTE PAGE THREE

**U. S. Senate Select Committee  
to Study Governmental Operations  
With Respect to Intelligence Activities (SSC)**

**Re: Interview of Former FBI Special Agent (SA)  
James F. Bland by SSC Staff Members**

On September 18, 1975, SSC Staff Member Michael Epstein requested of the Legal Counsel Division that Bland be released from his employment agreement with the FBI for a Staff interview which was to be on the topics of the FBI's investigations of Martin Luther King, Jr., [redacted] Southern Christian Leadership Conference and Communist Influence in the Racial Movement. Based on the foregoing, Bland was subsequently further released from his employment agreement for the anticipated interview covering these additional subject matters. b6 b7C

There follows a statement of Bland voluntarily furnished to the FBI reporting the results of the interview of him.

"Interview began approximately 2:00 p.m. and lasted until 4:00 p.m., October 13, 1975. Interview conducted by [redacted] - head of the Domestic Intelligence Task force and [redacted] - attorney on the Research Staff. I was asked to sign and did sign a waiver of rights. Asked me my Bureau background, times of assignments and positions. b6 b7C

"Interview concerned Security Indices - primarily the history of Security Index and related matters - Communist Index - Reserve Index - Sections A and B - Datcom and Comsab tabbing etc.

"General information of the mechanics of operation of the Index was furnished within my knowledge: That based on substantive subversive information an investigation was conducted evaluated on a number of levels both in the field and at headquarters and periodically evaluated thereafter; the Department of Justice knowledge - approval - and review; the fact that the Index was an administrative device to efficiently handle matters relating to persons who could be potentially dangerous to the security interests of the U. S. in the event of an emergency.

U. S. Senate Select Committee  
to Study Governmental Operations  
With Respect to Intelligence Activities (SSC)

Re: Interview of Former FBI Special Agent (SA)  
James F. Bland by SSC Staff Members

"In addition it was clearly pointed out that the facts set forth in the investigative reports stood for themselves - contained no opinion or suppositions and that the fact a person was included on the Index was for administrative uses within the Bureau and the Department of Justice.

"A Committee representative, [redacted], had previously indicated a desire to interview me, in addition to the above, concerning the investigation of Martin Luther King, Cominfil of the Civil Rights Movement, SCLC matter, and [redacted]. At the conclusion of the interview she advised that she had spoken to another representative of the Committee and they did not desire to talk to me regarding these matters at this time."

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NOTE:

Legal Counsel Division's contacts mentioned herein were through Supervisor [redacted]. Bland's handwritten statement was mailed to the Bureau and has been typed in the form as contained in the LHM.

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Mr. J. B. Adams

Legal Counsel

1 - Mr. Wannall  
1 - Mr. Mintz  
1 - Mr. Cregar  
9-22-75

1 - Mr. Hotis  
1 - Mr.

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**SENSTUDY 75**

On 9-18-75 Michael Epstein, Staff Director, Senate Select Committee, requested James F. Bland and Lawrence T. Gurley, former Special Agents, be released from existing employment agreements for a staff interview by the Senate Select Committee. Epstein stated the topic of the interview would be the Bureau's investigation concerning Martin Luther King, Stanley David Levison, Southern Christian Leadership Conference, Communist influence in the racial movement and civil rights movement.

Bland and Gurley both advised on 9-18-75 that they had been contacted by the Committee and requested to consent to be interviewed by that Committee. Bland, by memorandum dated 9-3-75, was released from existing employment agreement for purposes of an interview concerning the security index by the Senate Select Committee.

**RECOMMENDATION:**

That former Special Agents Bland and Gurley be released from existing employment agreements for purposes of the aforementioned interview.

① - Personnel File James F. Bland  
1 - Personnel File Lawrence T. Gurley

67-NOT RECORDED 93

8 OCT 2 1975

Mr. J. B. Adams

Legal Counsel

SENSTUDY 75

1 - Mr. Mintz  
1 - Mr. Wannall  
1 - Mr. Cregar  
9/4/75  
1 - Mr. Hotis  
1 - Mr. [ ]

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b7C

On 9/3/75, James Bland, former Special Agent, telephone number OL2-4671, telephonically advised that he had been contacted by [ ], Senate Select Committee Staff Member, and was requested to make himself available for Staff interview concerning the history of the Security Indices (Index) and the Bureau's relationship to the Department concerning this matter. [ ] advised Bland that they had been given a detailed briefing concerning this matter by Assistant Director Wannall of the Intelligence Division. Bland was advised that he had a right to counsel during interview; however, the Bureau could not provide him with private counsel. He was also informed that there were certain areas to which he may properly refuse to answer any questions. Those areas are where responses might tend to identify a confidential source, information concerning sensitive investigative techniques, information derived from other Government agencies, including information from foreign intelligence sources, and any information the disclosure of which could adversely affect ongoing investigations.

Bland advised that he would furnish a written statement of information of this interview to Section Chief William O. Cregar and that should any problem arise as to his being released from his employment agreement he may be reached in Williamsburg, Virginia, at telephone number 804-564-9477.

RECOMMENDATION:

That former Special Agent Bland be released from existing employment agreement for purposes of the aforementioned interview.

(1) - Personnel File - James Bland

PVD:lad  
(8)

67-NOT RECORDED  
10 SEP 17 1975

FEDERAL BUREAU OF INVESTIGATION  
COMMUNICATIONS SECTION

AUG 27 1975  
TELETYPE

NR 007 NF CODE

4:55 PM URGENT AUGUST 27, 1975 LLB

TO DIRECTOR

FROM NORFOLK (62-1057)

SENSTUDY 75.

RE BALTIMORE TELETYPE TO BUREAU, AUGUST 27, 1975.

ON AUGUST 27, 1975, FORMER FBI EMPLOYEE, JAMES F. BLAND,  
CONTACTED THROUGH HIS DAUGHTER, WILLIAMSBURG, VIRGINIA, AND  
WAS ADVISED OF CONTENTS OF REFERENCED TELETYPE.

BLAND STATED HE HAS BEEN IN WILLIAMSBURG, VIRGINIA, FOR  
PAST SIX TO EIGHT WEEKS ASSISTING IN BUILDING COTTAGE WHICH IS  
FAMILY PROJECT WITH CHILDREN. BLAND STATED THAT WHEN CONTACTED  
BY SENATE SELECT COMMITTEE (SSC), HE WILL CONTACT BUREAU'S  
LEGAL COUNSEL DIVISION. HE HAS NOT BEEN CONTACTED TO DATE.

END

5:55

OH DXXX HQ DE NF DID YOU JUST RECEIVE OUR NR 007 URGENT?

Assoc. Dir.	_____
Dep. A.D. Adm.	_____
Dep. A.D. Inv.	_____
Asst. Dir.:	_____
Admin.	_____
Comp. Syst.	_____
Ext. Affairs	_____
Files & Com.	_____
Gen. Inv.	_____
Ident.	_____
Inspection	_____
Laboratory	_____
Plan. & Eval.	_____
Spec. Inv.	_____
Training	_____
Legal Coun.	_____
Telephone Rm.	_____
Director Sec'y	_____

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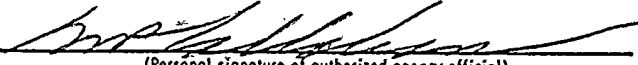
SEP 2 1975

SEP 4 1975

145



AGENCY CERTIFICATION OF INSURANCE STATUS  
Federal Employees Group Life Insurance Program

1. NAME (Last) (First) (Middle) <b>BLAND, JAMES F.</b>			2(a). DATE OF BIRTH (Month, Day, Year) <b>5-6-17</b>	2(b). SOCIAL SECURITY NUMBER <b>215   44   8102</b>	
3. CHECK THE REASON FOR TERMINATING INSURANCE					
(a) <input type="checkbox"/> SEPARATED		(c) <input type="checkbox"/> DIED		(d) <input type="checkbox"/> 12 MONTHS NON-PAY STATUS	
(b) <input checked="" type="checkbox"/> RETIRED		HAD EMPLOYEE AT TIME OF DEATH APPLIED FOR CIVIL SERVICE ANNUITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		(e) <input type="checkbox"/> OTHER (Specify)	
4. CHECK APPROPRIATE BOX CONCERNING SF 54, DESIGNATION OF BENEFICIARY					
(a) <input type="checkbox"/> CURRENT SF 54 ATTACHED		(b) <input checked="" type="checkbox"/> A CURRENT SF 54 IS NOT ON FILE WITH THIS AGENCY		(c) <input type="checkbox"/> A CURRENT SF 54 IS ON FILE IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER (OR EQUIVALENT)	
NOTE: IF EMPLOYEE (A) DIED OR (B) IS RETIRING OR RECEIVING FEDERAL EMPLOYEES' COMPENSATION UNDER CONDITIONS ENTITLING HIM TO RETAIN HIS LIFE INSURANCE, ATTACH CURRENT SF 54, IF ANY, TO ORIGINAL SF 56 AND CHECK BOX 4 (a) ON ORIGINAL AND ALL COPIES OF SF 56; IF NO CURRENT SF 54 IS ON FILE, CHECK BOX 4 (b). IN ALL OTHER CASES, SHOW WHETHER OR NOT CURRENT SF 54 IS ON FILE BY CHECKING BOX 4 (b) OR (c). A CURRENT SF 54 IS ONE THAT HAS NOT BEEN CANCELED BY EMPLOYEE OR AUTOMATICALLY BY TRANSFER OR PRIOR TERMINATION OF INSURANCE.					
5. DATE OF EVENT CHECKED IN ITEM 3 (MONTH, DAY, YEAR) <b>2-12-73</b>		6. ANNUAL BASIC PAY RATE (NOT AMOUNT OF INSURANCE) ON DATE IN ITEM 5. CONVERT DAILY, HOURLY, PIECEWORK, ETC. RATE TO ANNUAL RATE. <b>\$ 36,000 PER ANNUM</b>		7. DID EMPLOYEE HAVE OPTIONAL INSURANCE ON DATE IN ITEM 5? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> IF YES, GIVE RECEIPT DATE OF ELECTION OF OPTIONAL INSURANCE (SF 176 or 176-1):	
8. DATE OF NOTICE OF CONVERSION PRIVILEGE (SF 55) TO EMPLOYEE (MONTH, DAY, YEAR)					
9. I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN OBTAINED FROM, AND CORRECTLY REFLECTS, OFFICIAL RECORDS AND THAT THE EMPLOYEE NAMED WAS COVERED BY FEDERAL EMPLOYEES' GROUP LIFE INSURANCE ON THE DATE SHOWN IN ITEM 5.					
 (Personal signature of authorized agency official)			<b>2-13-73</b> (Date)		
<b>N. P. Callahan</b> (Typed name of authorized agency official)			<b>Assistant Director</b> (Title)		
<b>Federal Bureau of Investigation</b> (Name of agency)			<b>Washington, D. C. 20535</b> (Mailing address, including ZIP Code of agency)		

SEE OTHER SIDE  
FOR  
INSTRUCTIONS TO EMPLOYING AGENCY

PART 3 — FILE COPY

3 MAR 1 1973

32

Orig. of 2810 & copy of  
SF-56 sent to eng. at  
1310 Ross Ave., Nat'l Inst.  
Hlth. 20014. Copy of SF-56  
orig. of 2810 & SF-56 sent  
to Data Processing 2-13-73  
see  
3/1/73

# INSTRUCTIONS TO EMPLOYING AGENCY

## COMPLETION OF CERTIFICATION

1. This Certification must be completed in triplicate whenever an employee's insurance terminates for:
  - a. Death.
  - b. Retirement on an immediate annuity with 12 or more years' creditable service, of which at least 5 years are civilian service, or on account of disability. (An immediate annuity is one which begins to accrue not later than 1 month after the date the insurance would normally cease.) In a disability retirement case, do not complete SF 56 until a finding of disability has been officially made and the employee's separation is in order.
  - c. Completion of 12 months in a non-pay status or separation, and the employee is receiving benefits under the Federal Employees' Compensation law, and held unable to return to duty.
  - d. Any other reason, if the employee desires to convert his life insurance, except under the following circumstances:
    - (1) Employee waived or declined on SF 176 (or SF 176-T);
    - (2) If it is known that, within 3 calendar days after the date the insurance terminated, the employee will return to Government service in the same or another position in which he will be eligible to reacquire Federal Employees Group Life Insurance;
    - (3) More than 75 days have elapsed from the date insurance terminated unless specific request is made therefor by the Civil Service Commission or the Office of Federal Employees' Group Life Insurance.
2. If insurance terminated on account of death, indicate in item 3(a) whether the employee had filed an Application for Retirement (SF-2801) with the Civil Service Commission.
3. In item 8, give date of Notice of Conversion Privilege (SF 55), except that if this form (SF 56) is issued in lieu of SF 55, give current date. In case of death, leave this item blank.
4. It is important whenever a duplicate SF 56 is issued to replace one which has been lost, that it be clearly marked "DUPLICATE".

## DISPOSITION OF CERTIFICATION

1. Death of employee—
  - a. Send duplicate of SF 56 immediately to the Office of Federal Employees' Group Life Insurance.
  - b. Keep the original (preferably in the Official Personnel Folder or its equivalent) for attachment to a claim for death benefits (Form FE-6) when received.
  - c. If no claim is received, send original SF 56, upon request, to the Office of Federal Employees' Group Life Insurance.
  - d. If the deceased employee has a current Designation of Beneficiary (SF 54) on file, the SF 54 must be attached to the original SF 56 when it is sent to the Office of Federal Employees' Group Life Insurance.
2. Retirement of employee—
  - a. If the employee is applying for an immediate annuity with 12 or more years' creditable service (of which at least 5 years are civilian service) or for disability, attach the original SF 56 and current Designation of Beneficiary (SF 54), if any, to the Application for Retirement and give duplicate of SF 56 to the employee. [NOTE: In a disability retirement case where the retirement application has already been sent to the Civil Service Commission, attach the original SF 56 (and SF 54, if any) to the "FINAL" Individual Retirement Record (SF 2806).]
  - b. If the employee wants to continue only his regular insurance, have him complete a SF 176 declining his optional insurance. If he wants to convert only his optional insurance, prepare a statement (see below), in duplicate, for him to sign, attach both copies of the statement to the original SF 56, and submit with application for retirement as instructed in 2a above.

### Illustrative Statement

"I want to continue my regular insurance after retirement but would like additional information on converting my optional insurance."

(Employee's signature)

(Address—print or type)

(Date)

- c. If the employee prefers to convert both his regular and optional insurance to an individual policy, give him the original and duplicate copy of the SF 56. Retain SF 54, if any.
3. If employee is receiving compensation benefits—
  - a. Before completing item 7 contact the local Bureau of Employees' Compensation Office, if necessary, to confirm whether the employee still has optional insurance.
  - b. Have the employee complete appropriate box on reverse side of the original SF 56. Send original SF 56 and current Designation of Beneficiary (SF 54), if any, to the U. S. CIVIL SERVICE COMMISSION, BUREAU OF RETIREMENT AND INSURANCE, WASHINGTON, D. C., 20415, and give duplicate copy of SF 56 to the employee.
  - c. If the employee prefers to convert his group insurance to an individual policy, give him the original and duplicate copy of the SF 56. Retain SF 54, if any.
4. All other cases—

Upon request, give the employee the original and duplicate copy of the SF 56 or mail them to him.
5. In all cases—

Retain file copy of the SF 56 in the employee's Official Personnel Folder or its equivalent.

## PROMPT CERTIFICATION REQUIRED

- The time in which an employee may convert his group life insurance to an individual policy is limited. This SF 56 must be completed and delivered or mailed to him promptly.

U.S. Civil Service Commission	FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM <b>NOTICE OF CHANGE IN HEALTH BENEFITS ENROLLMENT</b>	2810-110
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**Part A.—IDENTIFYING DATA**

1. NAME (LAST) (FIRST) (MIDDLE INITIAL) <b>Bland, James F.</b>	2. DATE OF BIRTH <b>5-6-17</b>	3. CARRIER CONTROL NO. <b>3215243</b>
4. ADDRESS (INCLUDING ZIP CODE) <b>4310 Rosedale Avenue Bethesda, Maryland 20014</b>	5. PAYROLL OFFICE NO. <b>15-02-0001</b>	6. ENROLLMENT CODE NO. <b>442</b>
	7. DATE THIS ACTION BECOMES EFFECTIVE <b>2-12-73</b>	

ONLY THE ITEM WHICH IS CHECKED BELOW AFFECTS YOUR ENROLLMENT. READ THAT ITEM CAREFULLY AND FOLLOW ANY PERTINENT INSTRUCTIONS. KEEP THIS FORM UNLESS YOUR ENROLLMENT IS TERMINATED AND YOU APPLY FOR CONVERSION.

**Part B.—TERMINATION**

☐ YOUR ENROLLMENT TERMINATES ON THE DATE IN PART A, ITEM 7, ABOVE.

**Part C.—CHANGE IN PLAN**

☐ YOUR ENROLLMENT SHOWN IN PART A, ITEM 6, ABOVE HAS BEEN TERMINATED BECAUSE OF YOUR ENROLLMENT IN ANOTHER PLAN.

**Part D.—TRANSFER OUT**

YOUR ENROLLMENT CONTINUES BUT IS TRANSFERRED TO YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM):

☒ **Bureau of Retirement, Insurance,  
and Occupational Health  
Civil Service Commission  
Washington, D. C. 20415**

**Part E.—TRANSFER IN**

YOUR NEW PAYROLL OFFICE (OR RETIREMENT SYSTEM) SHOWN IN PART K BELOW HAS ACCEPTED TRANSFER OF YOUR ENROLLMENT AND WILL CONTINUE IT. ☐

**Part F.—SUSPENSION**

☐ YOUR ENROLLMENT HAS BEEN SUSPENDED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE.

**Part G.—REINSTATEMENT**

YOUR ENROLLMENT HAS BEEN REINSTATED, EFFECTIVE ON THE DATE IN PART A, ITEM 7, ABOVE. ☐

**Part H.—CHANGE IN NAME OF ENROLLEE**

THE NAME IN WHICH THIS ENROLLMENT IS CARRIED HAS BEEN CHANGED TO:

NAME	DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE
ADDRESS (INCLUDING ZIP CODE) IF DIFFERENT FROM PART A, ITEM 4, ABOVE		

**Part I.—CHANGE IN ENROLLMENT — SURVIVOR ANNUITANT**

YOUR ENROLLMENT HAS BEEN CHANGED FROM FAMILY COVERAGE TO SELF ONLY. YOUR PLAN WILL SEND YOU A NEW IDENTIFICATION CARD. ☐

YOUR NEW ENROLLMENT  
CODE NUMBER

(NOTE: THIS ITEM TO BE COMPLETED BY RETIREMENT SYSTEMS ONLY)

**Part J.—REMARKS**

**Employee annuitant**

**Part K.—DATE OF NOTICE**

**5 MAR 1973**  
**FEDERAL BUREAU OF INVESTIGATION**  
**UNITED STATES DEPARTMENT OF JUSTICE**  
**WASHINGTON, D. C. 20535**

b6  
b7C

**2-13-73**  
DATE

ADDRESS (INCLUDING ZIP CODE)

NOTIFICATION OF PERSONNEL ACTION

(FOR AGENCY USE)

1. NAME (CAPS) LAST-FIRST-MIDDLE <b>BLAND, JAMES F.</b>		MR.-MISS-MRS. <b>(MR.)</b>	2. (FOR AGENCY USE)	3. BIRTH DATE (Mo., Day, Year) <b>5-6-17</b>	4. SOCIAL SECURITY NO. <b>215-44-8102</b>
5. VETERAN PREFERENCE <b>1</b> 1-NO 2-5 PT. 3-10 PT. DISAB. 4-10 PT. COMP. 5-10 PT. OTHER			6. TENURE GROUP	7. SERVICE COMP. DATE	
9. FEGLI <b>1</b> 1-COVERED (Regular only-declined Optional). 2-INELIGIBLE 3-WAIVED 4-COVERED (Reg. & Opt.)			10. RETIREMENT <b>1</b> 1-CS 2-FICA 3-FS 4-NONE 5-OTHER		11. (FOR CSC USE)
12. CODE NATURE OF ACTION <b>RETIREMENT (20 YEARS INVESTIGATIVE EXPERIENCE)</b>			13. EFFECTIVE DATE (Mo., Day, Year) <b>cb 2-12-73</b>		14. CIVIL SERVICE OR OTHER LEGAL AUTHORITY
15. FROM: POSITION TITLE AND NUMBER <b>Inspector 150</b>			16. PAY PLAN AND OCCUPATION CODE <b>GS</b>	17. (a) GRADE OR LEVEL <b>17</b>	(b) STEP OR RATE <b>5</b>
					18. SALARY <b>\$36,000 pa</b>
19. NAME AND LOCATION OF EMPLOYING OFFICE					

20. TO: POSITION TITLE AND NUMBER	21. PAY PLAN AND OCCUPATION CODE	22. (a) GRADE OR LEVEL	(b) STEP OR RATE	23. SALARY
24. NAME AND LOCATION OF EMPLOYING OFFICE				

25. DUTY STATION (City-county-State)		26. LOCATION CODE	
27. APPROPRIATION <b>S. &amp; E., FBI</b>		28. POSITION OCCUPIED 1-COMPETITIVE SERVICE <b>2</b> 2-EXCEPTED SERVICE	29. APPORTIONED POSITION FROM: TO: STATE 1-PROVED-1 2-WAIVED-2

30. REMARKS:	A. SUBJECT TO COMPLETION OF 1 YEAR PROBATIONARY (OR TRIAL) PERIOD COMMENCING
	B. SERVICE COUNTING TOWARD CAREER (OR PERMANENT) TENURE FROM:

SEPARATIONS: SHOW REASONS BELOW, AS REQUIRED. CHECK IF APPLICABLE:

☐ C. DURING PROBATION

At his request, he voluntarily retired with date of final separation for retirement of 1-29-73 in view of Section 8336(c) 5 USC of the Civil Service Retirement Act. Annuity payments retroactive to 1-30-73. LWOP commenced 1-30-73 to 2-12-73.

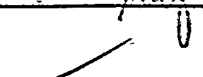
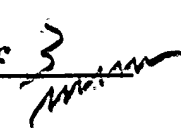
Employee stated he was retiring for personal reasons.

Forwarding Address: 4310 Rosedale Avenue  
Bethesda, Maryland 20014

CRT RE SIGN

Lump-sum payment to cover 492 hours commencing bob 2/13/73 and ending after 4 hours on 5/9/73.

R-0 LSP 492 1 holiday included.

31. DATE OF APPOINTMENT AFFIDAVIT (Accession only)		34. SIGNATURE (Or other authentication) AND TITLE 	
32. OFFICE MAINTAINING PERSONNEL FOLDER (If different from employing office)		35. DATE <b>2-13-73</b> Acting Director 	
33. CODE <b>DJ 02</b>	EMPLOYING DEPARTMENT OR AGENCY <b>FEDERAL BUREAU OF INVESTIGATION WASHINGTON, D.C. 20535</b>		

5 PART  
50-133-01

4. PERSONNEL FOLDER COPY

MEDICAL REPORTS

Personnel File of: Bland, James F.

Personnel File No. ....



NOT RECORDED  
9 FEB 2 1973

ENCLOSURE

(-9)

F/10

Budget Bureau  
Approved 50-R0390

1. LAST NAME—FIRST NAME—MIDDLE NAME <i>Bland James F.</i>		2. TITLE OF POSITION <i>Inspector</i>		3. SOCIAL SECURITY NUMBER <i>215 44 18102</i>	
4. HOME ADDRESS (Number, street or RFD, city or town, State, and ZIP Code) <i>_____</i>		5. PURPOSE OF EXAMINATION <i>Annual</i>		6. DATE OF EXAMINATION <i>1-17-73</i>	
7. SEX <i>Male</i>	8. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN <i>✓</i>		9. AGENCY <i>FBI</i>		10. ORGANIZATION UNIT
11. DATE OF BIRTH <i>5/6/17</i>		12. PLACE OF BIRTH <i>Gower, Missouri</i>		13. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Including ZIP Code)	
14. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)					

Good

15. DO YOU (Please check at left of each item):				16. HAVE YOU EVER (Please check at left of each item):			
YES	NO	(Check each item)		YES	NO	(Check each item)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	WEAR GLASSES OR CONTACT LENSES		<input type="checkbox"/>	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	HAVE VISION IN BOTH EYES		<input type="checkbox"/>	<input checked="" type="checkbox"/>	COUGHED UP BLOOD	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	WEAR A HEARING AID		<input type="checkbox"/>	<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	STUTTER OR STAMMER HABITUALLY		<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	WEAR A BRACE OR BACK SUPPORT		<input type="checkbox"/>	<input type="checkbox"/>		
17. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item):							
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCARLET FEVER, ERYSIPELAS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ASTHMA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DIPHTHERIA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SHORTNESS OF BREATH
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RHEUMATIC FEVER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PAIN OR PRESSURE IN CHEST
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SWOLLEN OR PAINFUL JOINTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CHRONIC COUGH
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MUMPS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PALPITATION OR POUNDING HEART
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COLOR BLINDNESS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HIGH OR LOW BLOOD PRESSURE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR SEVERE HEADACHE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CRAMPS IN YOUR LEGS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DIZZINESS OR FAINTING SPELLS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FREQUENT INDIGESTION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EYE TROUBLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STOMACH, LIVER, OR INTESTINAL TROUBLE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EAR, NOSE, OR THROAT TROUBLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GALL BLADDER TROUBLE OR GALLSTONES
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RUNNING EARS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JAUNDICE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEARING LOSS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ANY ADVERSE REACTION TO SERUM, DRUG, OR MEDICINE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CHRONIC OR FREQUENT COLDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BROKEN BONES <i>poor</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEVERE TOOTH OR GUM TROUBLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TUMOR, GROWTH, CYST, OR CANCER
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SINUSITIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RUPTURE/HERNIA
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HAY FEVER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	APPENDICITIS <i>child</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HEAD INJURY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PILES OR RECTAL DISEASE <i>PBS</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SKIN DISEASES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FREQUENT OR PAINFUL URINATION
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	GOITER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KIDNEY STONE OR BLOOD IN URINE <i>gross</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULOSIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUGAR OR ALBUMIN IN URINE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SOAKING SWEATS (Night sweats)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BOILS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? <i>1</i>				19. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS <i>3 1/2</i>		20. WHAT IS YOUR USUAL OCCUPATION?	
						21. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED	

Do Not Transmit Enclosed Material  
With Official Personnel Folder.

OPTIONAL FORM 58  
MAY 1968  
U.S. CIVIL SERVICE COMMISSION  
FPM CHAPTER 293  
5058-101

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES - MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	<input checked="" type="checkbox"/>	22. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	<input checked="" type="checkbox"/>	B. INABILITY TO PERFORM CERTAIN MOTIONS
	<input checked="" type="checkbox"/>	C. INABILITY TO ASSUME CERTAIN POSITIONS
	<input checked="" type="checkbox"/>	D. OTHER MEDICAL REASONS (If yes, give reasons)
	<input checked="" type="checkbox"/>	23. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	<input checked="" type="checkbox"/>	24. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
<input checked="" type="checkbox"/>		25. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
<input checked="" type="checkbox"/>		26. HAVE YOU EVER BEEN A PATIENT IN ANY TYPE OF HOSPITAL? (If yes, specify when, where, why, and name of doctor and complete address of hospital)
<input checked="" type="checkbox"/>		27. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
<input checked="" type="checkbox"/>		28. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS FOR OTHER THAN MINOR ILLNESSES? (If yes, give complete address of doctor, hospital, clinic, and details)
	<input checked="" type="checkbox"/>	29. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
	<input checked="" type="checkbox"/>	30. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
	<input checked="" type="checkbox"/>	31. HAVE YOU EVER RECEIVED, IS THERE PENDING, OR HAVE YOU APPLIED FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

25. Appendectomy - 1920; Hemorrhoidectomy 1938  
Ruptured disc removed 1960; Rectal polyp removed 1965(?)

26. See above - Broken leg 1920; Broken collarbone & shoulder blade 1939.

27. Some arthritis in left shoulder - check-ro goiter (tight feeling in throat)

28. Recommended in past physicals at Naval Hospital that have annual rectal examination. Has been done annually.

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

TYPED OR PRINTED NAME OF EXAMINEE

James F. Bland

SIGNATURE

James F. Bland

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

32. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 15 through 31. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

17.- kidney stones  
- arthritis @ shoulder

b6  
b7C

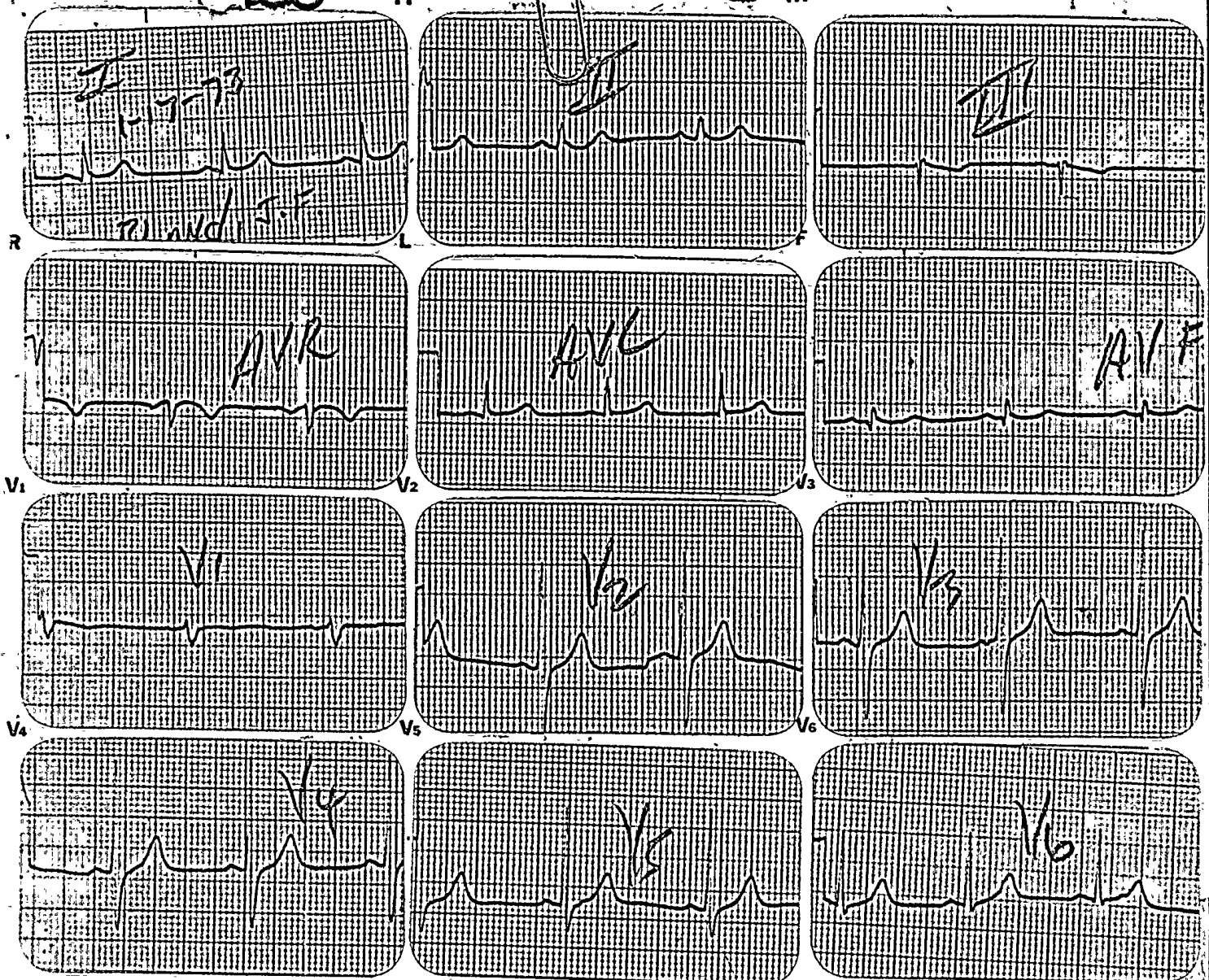
TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

DATE

12 Jan 73

SIGNATURE

NUMBER OF ATTACHED SHEETS



CLIN. DIAG.:

DATE: 1-17-73  
 ECG DESCRIPTION: *Routine*

INTERPRETATION: *normal*  
*NSR. R 68.*  
*NSC SPT of 2:10-71*

U-1544-C  
 BLAND JF 3-34-59  
 PATIENT BGMAY17M  
 FBI  
 PHYSICAL EXAM ONLY  
 SS# 215-44-8102  
 BLAND, JAMES F.

REC-171

PHY-EXAMS  
 ROOM-209

*N.N.M.C.*

*2491-72*

DIG. ( ) QUIN. (57) AGE SEX B.P.  
 ECG REQUEST BY [redacted]  
 ATR. RATE ..... VENTR. RATE .....  
 INTERVALS: P-R..... QRS..... QTc.....  
 AXIS:  
 RHYTHM:

b6  
 b7C

INTERPRETED BY

*Dr. Rm. 209*  
*E.R.T.*